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ABSTRACT

This report provides information about the major issues affecting Maryland's children and youth. Pertinent data, trends, and directions are presented. The report focuses on 10 major issues and presents each issue through relevant statistics, current state involvement, and directions for the future. The 10 issues covered in the report are: (1) child abuse and neglect; (2) child care; (3) children in poverty; (4) education and employment; (5) health and mental health; (6) juvenile justice and runaways; (7) nutrition; (8) out-of-home care; (9) substance abuse; and (10) teenage pregnancy. The report provides an overview of Maryland's needs concerning each of these topics. Also presented are descriptions of state programs and initiatives addressing these needs and a listing of resource organizations working on the related issues. Numerous tables and figures are included. (NB)

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Building For The Future

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The Status of Children and Children's Programs in Maryland

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The Office for Children and Youth

CG 019510

January 1986

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Building for the Future
The Status of Children and Children's Programs in Maryland

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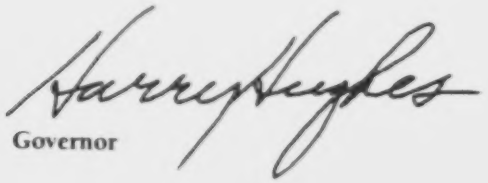
Preface

I have often asked, "of what value are a nation's natural and material treasures if it neglects the children who will inherit them?" The successes and failures, the challenges and threats experienced by our children today will mold their lives and dramatically affect the adults they become — adults who will be raising our grandchildren, joining our work force, and shaping our society and government for future generations.

We simply cannot afford to turn away when we hear of the suffering and problems of individual children. Instead, we must do all within our power individually and collectively to protect our children and to offer them the opportunities to grow, mature, and become productive citizens.

Their future is in our hands.
It is our future, too.



Governor

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Section I

■

Introduction

Purpose

The past several years have seen significantly increased emphasis by the State of Maryland on meeting the needs of children. Governor Hughes has established task forces on education, child care licensing, teen pregnancy, and child abuse and neglect; his Administration has enhanced budget and program resources; and, in 1985, the Governor's Children and Youth Initiatives were introduced with significant legislative success.

The purpose of this report is to provide information about the major issues affecting Maryland's children and youth. Pertinent data, trends and directions are presented, including material which has not previously been readily available. Because of the wide range of such material, choices had to be made in developing this report. While not intended to address all issues concerning children and youth, it does identify the major areas of current concern. Data have been selected to complement points raised in the discussion. In many cases, additional facts may be obtained from the sources identified.

This report provides resources which will assist policymakers, as well as children and youth advocates, as they

- become better informed,
- identify what programs exist,
- compare levels of service with levels of need,
- strive for the optimum level and array of services, and
- improve planning, coordination and service delivery.

As the first in a projected annual series, this report is an experiment. Researching, writing, and data collecting have been arduous tasks. It is expected that readers will provide insights into where the report is useful and where it can be strengthened. At this stage, its very existence represents success. However, it can and must be continually improved.

This report should provoke thought and inspire response to the issues presented. It can serve as a model for companion reports at the local level. It can provide an overview of Maryland data and services for those developing programs and for those conducting research. Most importantly, it should remind everyone that children represent a potential resource to the State and that this potential is easily overlooked.

This report is designed not only to answer questions, but also to raise them. It is not a wish list of programs and funding requests; neither is it an acceptance of the status quo. Much has been done; but more can still be done to serve the best interests of Maryland's children and youth.

Government alone cannot do the job of building for the future of Maryland's children. Each sector of society has a stake in their well-being. Such responsibility must be shared among individual families, the community, private groups and the corporate sector as well as by state and local governments. By working together, a brighter, safer and healthier tomorrow can be achieved for all of Maryland's children.

> A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume control of your cities, states, and nations. He is going to move in and take over your churches, schools, universities and corporations. All your books are going to be judged, praised or condemned by him. The fate of humanity is in his hands.
>
> --Abraham Lincoln

Overview

"Every society must somehow solve the problem of transforming children into adults, for its very survival depends on that solution."[1] In this Nation, the solution involves facing the crisis in education, meeting the demand for child care, improving access to good health, ending the tragedy of child abuse, and generally enabling children "to grow, mature and become productive citizens."[2] Prevention of problems in childhood is more readily being recognized as the way to stop long-term and costly remediation. This shift from remediation to prevention reflects the vision and leadership of both policymakers and advocates.

Maryland mirrors both the problems and the hopes. This State is striving to meet the problems of today and to prevent the problems of tomorrow. Attention to the needs of children is no small part of Maryland's agenda. Census figures for 1980 and projections through 1995 show that young people make up nearly a quarter of the State's population (see Figures 1 and 2 and Table 1).

This report focuses on ten major issues affecting Maryland's children and youth. Each topic is presented through relevant statistics, current state involvement, and directions for the future.

Child abuse--Child abuse reports have been dramatically increasing since 1977; in Fiscal Year '85, the number was 20% higher than in FY '84. With the leadership of Governor Hughes and his Task Force on Child Abuse and Neglect, major legislative and programmatic reforms have occurred in the past few years. Significant attention must now be focused on efforts to prevent abuse. Such efforts must address both children and their parents. Comprehensive services are needed both for victims and abusers and for their families.

Child care--Child care is becoming more and more a concern of society. Over 350,000 Maryland mothers with children under age 18 are in the labor force. Over 64,000 Maryland children are in regulated child care settings. Thousands more are cared for by relatives or neighbors. When federal support for child care lessened, Maryland's state support increased. Such support must continue and must be coupled with private sector involvement.

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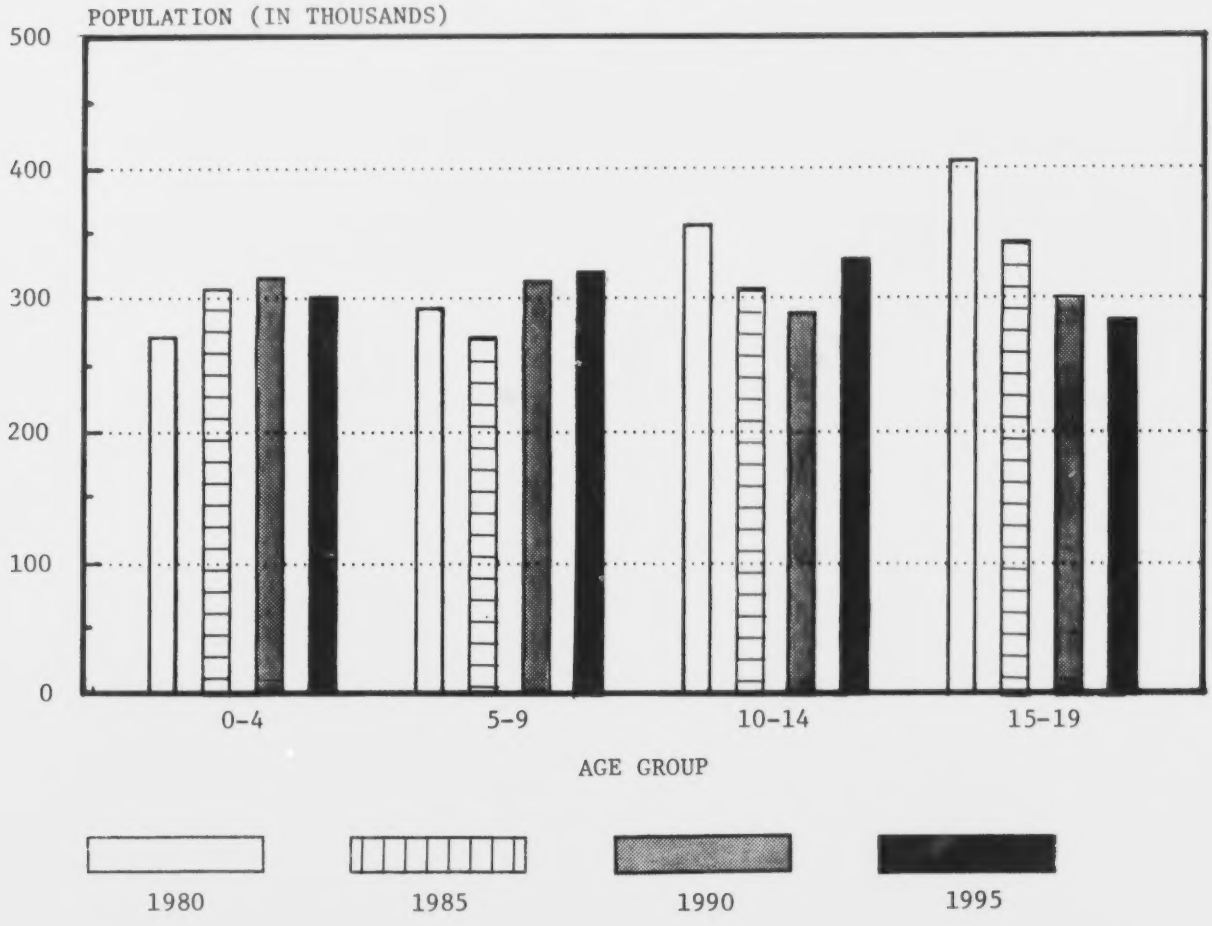
[1]Report of the Panel on Youth, The President's Science Advisory Committee, 1974.

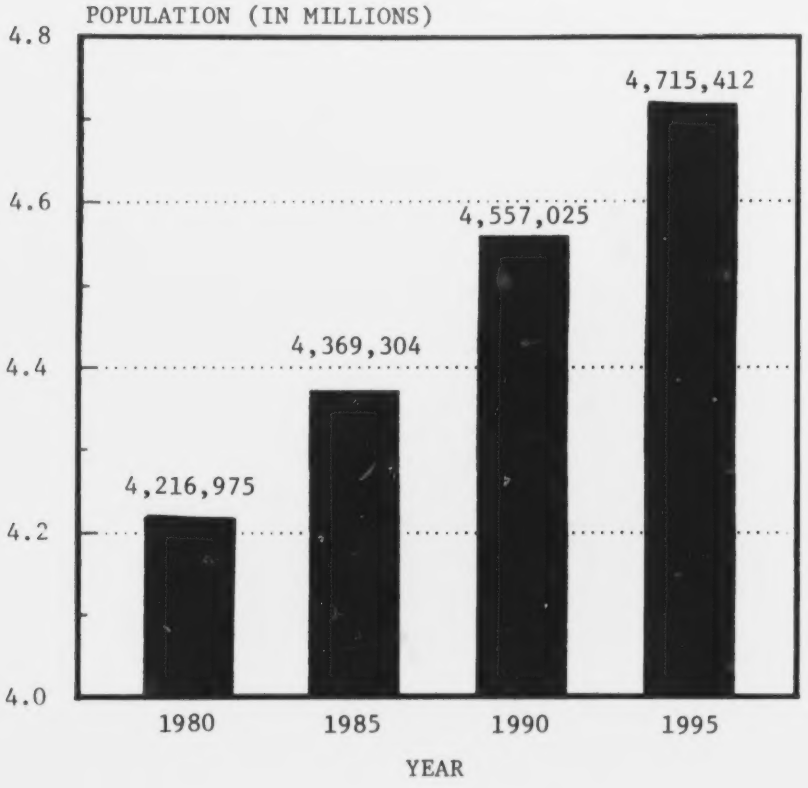
[2]Governor Harry Hughes, January 1986.

Figure 1: Projected Maryland Children and Youth Population, 1980-1995



SOURCE: Maryland Department of State Planning, Office of Planning Data, "Population Projections, by Age, Sex, & Race, 1980-2005," 9/85.

Figure 2: Projected Maryland Population, 1980-1995



SOURCE: Maryland Department of State Planning, Office of Planning Data, "Population Projections, by Age, Sex, & Race, 1980-2005," 9/85.

Children in poverty--One child in five lives in poverty. Sixty-five percent of Maryland recipients of Aid to Families with Dependent Children (AFDC) are children. Maryland has provided AFDC grant increases totalling 48% during the past seven years. In addition to AFDC grants that meet a minimal standard of living, attention must be given toward enhancing the potential for self-sufficiency through opportunities for education and job training.

Education and employment--Investment in education pays off, both for children and for society as a whole. The gains can be measured in dollars and cents and in quality of life. Project Basic and the Task Force to Study the Funding of Public Education have been efforts aimed at strengthening Maryland's commitment to excellence and equity in educational opportunities for all children. New efforts are being put forward to link successful school experience with employability and to attract and retain competent, caring teachers.

Health and mental health--Maryland's 1983 infant mortality rate (11.7 per 1,000 live births) was above the national average. Yet, 26% of infant deaths are preventable. Inadequate health care continues into school age where only 58% of Maryland's kindergarteners have evidence of recent physical examination. Over 22% of Maryland's mental health center clients are under 18. Initiatives such as the Improved Pregnancy Outcome Program and the Better Babies Outreach effort are successfully promoting better prenatal and neonatal care. MSDE and DHMH are working jointly on improving the health of school-age children. Community-based services such as therapeutic group homes and therapeutic nurseries are receiving wider support. Vital links in achieving better physical and mental health are enhanced prevention efforts (especially for the near-poor) and early identification of children with physical and mental problems or handicapping conditions.

Juvenile justice and runaways--There is a decrease in the number of juveniles referred to the Juvenile Services Administration (37,084 in FY '84) but an increase in the severity of the offense and in the intensity of the youths' needs for services. It is estimated that up to 30,000 Maryland youngsters are runaways. Efforts such as youth services bureaus focus on preventive, community-based treatment. The new DHMH attention on the Juvenile Services Administration has produced proposals which seek to improve the effectiveness of its institutions. Attention must also be paid to improving community services and to easing the tension between the polarizing issues of remediation and incarceration.

Nutrition--Every dollar spent on the federal Special Supplemental Food Program for Women, Infants and Children (WIC) saves $3 in future medical costs for low-birth-weight babies requiring extended hospitalization. Yet 59,700 eligible individuals in Maryland do not receive benefits. The School Breakfast Program helps children grow and enables them to learn. The new WIC administrative structure and the Governor's Task Force on Food and Nutrition demonstrate the State's commitment to meet its responsibilities. The future must look at higher participation rates by the young and by the poor.

Out-of-home care--In October 1985, 5,397 children were in foster care in Maryland. In FY '85, 1,735 level VI and level VII children were in out-of-home placements. Hundreds of others were in MRDDA or MHA residential placements. Major gubernatorial and departmental initiatives are strengthening the leadership, services and staff available. The newly developed Interagency Plan for

Table 1: 1980 Maryland Children and Youth Population, by Percentage of Total Population and Jurisdiction

	0-4	5-9	10-14	15-19	0-19	STATE TOTAL	% of 0-19 TO STATE TOTAL
State	272,274	292,916	356,578	405,011	1,326,779	4,216,975	31.46%
Allegany	4,567	5,085	6,081	7,932	23,665	80,548	29.38%
Anne Arundel	24,968	27,077	32,075	36,664	120,784	370,775	32.58%
Baltimore City	52,345	51,810	62,818	75,942	242,915	786,775	30.87%
Baltimore	35,721	38,740	49,448	59,151	183,060	655,615	27.92%
Calvert	2,703	2,998	3,566	3,387	12,654	34,638	36.53%
Caroline	1,592	1,676	1,973	2,130	7,371	23,143	31.85%
Carroll	6,446	7,521	8,947	8,933	31,847	96,356	33.05%
Cecil	4,214	4,963	5,883	6,257	21,317	60,430	35.28%
Charles	5,975	6,721	8,273	7,908	28,877	72,751	39.69%
Dorchester	1,841	1,969	2,410	2,571	8,791	30,623	28.71%
Frederick	8,529	9,214	10,099	10,839	38,681	114,792	33.70%
Garrett	2,045	2,167	2,434	2,556	9,202	26,498	34.73%
Harford	10,150	12,012	14,079	15,468	51,709	145,930	35.43%
Howard	8,224	9,388	11,585	10,818	40,015	118,572	33.75%
Kent	948	987	1,218	1,685	4,838	16,695	28.98%
Montgomery	33,374	38,088	49,005	51,176	171,643	579,053	29.64%
Prince George's	46,419	49,085	59,061	69,104	223,669	665,071	33.63%
Queen Anne's	1,722	1,700	2,025	2,339	7,786	25,508	30.52%
St. Mary's	5,004	5,265	5,862	6,464	22,595	59,895	37.72%
Somerset	1,274	1,243	1,462	2,025	6,004	19,188	31.29%
Talbot	1,356	1,406	1,877	2,147	6,786	25,604	26.50%
Washington	6,733	7,619	9,144	10,428	33,924	113,086	30.00%
Wicomico	4,214	4,318	4,910	6,327	19,769	64,540	30.63%
Worcester	1,910	1,864	2,343	2,760	8,877	30,889	28.74%

SOURCE: Maryland Department of State Planning, Office of Planning Data, "Population Projections, by Age, Sex, & Race, 1980-2005," 9/85.

Children specifies a continuum of services and stipulates goals and time tables for their implementation. There is need for enhanced family services to prevent removing a child from his or her home and for strong, collaborative interagency efforts when a child must be in an out-of-home placement.

Substance abuse--Five percent of 8th graders and 15.4% of 12th graders in Maryland frequently (i.e., 2-3 times per week) use drugs (i.e., excluding alcohol). Cocaine use is on the rise as the primary drug used by Maryland teens. Use of alcohol often means two six-packs of beer per week. The Hughes Administration's emphasis on prevention and awareness is focusing efforts in local communities. At the same time, teen treatment programs are being enhanced. Education and prevention are the keys to future freedom from dependence.

Teen pregnancy--Baltimore City has the highest teen pregnancy rate in the United States, but high rates exist in both rural and urban areas across Maryland. Teen mothers and children of unmarried teen mothers are both subject to a higher probability of illness, poor educational achievement, and welfare dependency. The Governor's Task Force on Teen Pregnancy has provided leadership in solving the problem. New pilot programs such as Family Support Centers are providing needed services. The future requires concerted efforts with prevention, education, and familial responsibility high among the objectives.

The report provides an overview of the State's needs concerning each of these topics. Also presented are descriptions of State programs and initiatives addressing these needs and a listing of resource organizations working on the related issues. The challenge is to use the momentum and gains of the past few years in generating sustained commitment to children and youth for the future.

Acknowledgements

The Office for Children and Youth prepared this report for two reasons. One, it is the Office's responsibility to identify and describe issues concerning children and youth. Two, each individual staff member has made both personal and professional commitments to work on behalf of children. We believe that this report embodies both reasons. However, to plan and produce this report, we have received assistance every step of the way.

Each of the Secretaries of the four state departments with a significant interest in children and youth identified a lead resource person to work with the Office. These individuals coordinated departmental data collection, information sharing and technical reviews of many, many drafts. These persons were Alan Baker (Health and Mental Hygiene), Gus Crenson (Education), Keith Massey (Employment and Training), and Sharon Nathanson (Human Resources). In addition, Guy Hager and Carol Ruth of the Department of State Planning provided invaluable assistance with data collection, program inventories and overall concept of the report. We recognize that these people helped us to improve the report substantially.

Several individuals, not in State government, made extensive comments and suggestions. These persons were Jack Bovaird, Linda Eisenberg, Kalman Hettleman, and Judy Weitz. We are very appreciative of their help.

Many others also made contributions for which we are grateful. They include Frank Farrow, Polly Harrison, Carleton Hayek, Dick Hegner, Kathie Hiatt, Beverly Jones, Sandy Leichtman, Michael Lettre, Dan Ryan, Judy Sachwald, Debbie Silvey, John Slaughter, Adolphus Spain, John Stanton, Vivian Washington and Karen Wulff.

This project began long before the planning and writing of this report actually occurred. Thanks go to former director Howard Bluth, who planted the seed; to former staff member Jack Pepper, who wrote a preliminary concept paper; and to former intern Delynn Kelly, who conducted some much needed early research.

A final debt of gratitude is owed to various friends and family members--including Debbie Cotorceanu, Dennis Madoni, and Dan Meranski--for their enduring patience while we began, delved into, and put never ending final touches on this report.

We achieved a true team effort: from the people who wrote it, to those who produced it, to those who commented on it, and to those who gave us the encouragement to go on.

All of us care to make a difference for Maryland's children and youth. In this spirit, we dedicate this report to Julie, Nichole, Diane, Cara, Kim, Rick and Cheryl.

Section II

■

Issues

Child Abuse and Neglect

Background*

- Maryland's reported cases of child abuse more than doubled from 1977 to 1982, and there was a tripling of reported child sexual abuse cases during the period from 1976 to 1982.[1]
- In 1984, there were 8,301 reports of child abuse in Maryland, of which 2,290 were reports of child sexual abuse.[2]
- During 1984, child sexual abuse investigations in Maryland increased 76% over 1983 levels.[3]
- Maryland figures (9,119 reports) for Fiscal Year (FY) '85 indicate an increase of at least 20% over FY '84 for suspected child abuse, including child sexual abuse.[4] (See Figure 3.)
- In Maryland, during FY '85, there were 8,325 reports of child neglect.[5]
- Nationally, it is estimated that only one in every ten incidents of child abuse is reported.[6]
- Nationwide, it is estimated that one in four female children and one in ten male children will be molested or raped by the time they reach adulthood.[7]

Child abuse has reached epidemic proportions. The problems associated with child abuse and neglect occur in all socio-economic groups. Families unable to cope with increased pressures and responsibilities are at risk for stress, disruption and/or dysfunction. Such burdens on families contribute significantly to potentially abusive situations. Among these stress-producing burdens are unemployment, lack of sufficient income, lack of adequate nutrition, health problems, drug and alcohol abuse, loss of family support systems, poor parenting skills, social isolation, and familial history of abuse.

Every child is a potential victim. Abuse and neglect carry emotional scars that affect children long into adulthood. Such children are more likely than other children to suffer from low self-esteem, to be underachievers, and to have personality disorders. They are at greater risk for abusing their own children or committing violent crimes.

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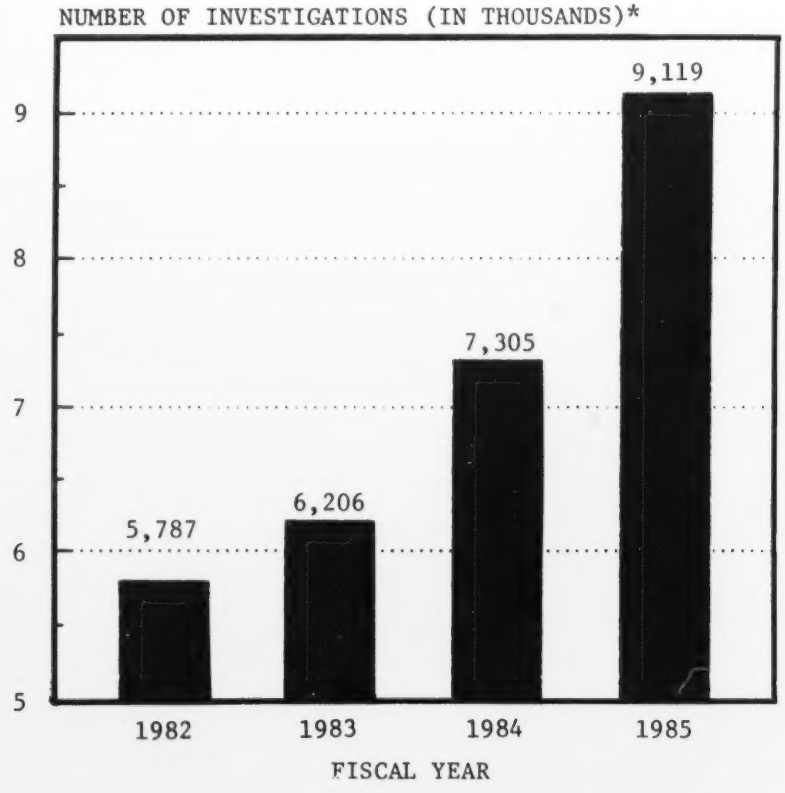
*Throughout this chapter child abuse includes child sexual abuse.

For many years, public officials and public policy paid too little attention to the needs of children who had been abused and neglected. Although enactment of child abuse and neglect reporting statutes began in the early sixties, it was passage of the Child Abuse Prevention and Treatment Act of 1974 that enabled the federal government to mobilize public and private resources to address child abuse and neglect issues.[8] The Act established the National Center on Child Abuse and Neglect and the National Clearinghouse on Child Abuse and Neglect Information. The Center funds research and demonstration projects; serves as a national resource for service providers, public and private agencies, researchers, Congress and the general public; assists states and communities in implementing child abuse programs; and coordinates federal efforts.

Child protection efforts today focus on trying to provide services that will allow a child to remain in his or her home in a safe, protected environment, that will assist families in dealing with the problems that led to the abuse, and that will prevent future abuse in any family or out-of-home care setting.

Figure 3: Number of Maryland Child Abuse Investigations, FY '82-FY '85



*Child abuse investigations include those for child sexual abuse.

SOURCE: Maryland Department of Human Resources, Social Services Administration, Central Registry, 12/85.

Current State Involvement

In Maryland, the Social Services Administration (SSA) of the State Department of Human Resources (DHR) is responsible for the administration of the Child Protective Services Program. Local departments of social services carry out investigations of reported child abuse and neglect incidents, seek to protect children from abuse and neglect, and provide services to families to enable them to provide the minimal essentials of care in a safe, protected environment for the child(ren). (See Table 2.)

Increased reporting has placed tremendous strain and increased workloads on protective services workers. These people have the difficult job of investigating abuse allegations and providing supportive services to victims of abuse and to parents who are at risk for abusing or continuing to abuse their children.

The Governor's Children and Youth Initiatives of 1985 provided funding for 55 new protective services positions in DHR, which the General Assembly approved, to make caseloads more manageable and to ensure more accurate and prompt investigations. However, abuse reports continue to rise, and the kinds of abuse are more severe. Therefore, the need for more comprehensive services is increasing, and high turnover and ever-increasing workloads continue to place greater responsibility and burden on the currently available protective services workers. Low salaries for social workers and high caseloads are major factors in the high turnover and vacancy rate in protective services positions. Efforts are being made to increase salaries for all social work staff in FY '87. In October 1985, as an interim measure, DHR was authorized to raise the entry level salaries for protective services workers by about $3,000; this authorization extends through June 30, 1986.

Although Maryland is faced with a dramatic increase in protective services cases, experience has shown that the majority of abused and neglected children do not need to be removed from their homes if appropriate interventive services can be provided to their families.[9]

Family Services, administered by SSA, are designed to strengthen and expand services to high-risk families and children in order to prevent out-of-home placement. Services include intake, intensive family services, and continuing protective services. In 1984, the Governor requested and the General Assembly approved funds to establish pilot projects in eight jurisdictions using the intensive family services model (IFS). This model is characterized by using a team consisting of a social worker and an aide; assigning very small caseloads of no more than six families per team; and providing purchase-of-care dollars to secure a variety of services for an average of 3 months, including a broad range of community support services and in-home services such as family counseling, teaching of parenting skills, homemaker services, child care, and financial assistance. In 1985, the General Assembly approved funding, as requested in the Governor's Children and Youth Initiatives, to expand the IFS project to 13 jurisdictions in FY '86.

The growing public awareness of child abuse has created a demand for educational and prevention programs designed for children, parents, professionals, and the public at large. In 1984 and 1985, federal funds aimed at the preven-

Table 2: **Number of Maryland Child Abuse Investigations, FY '85, by Disposition and Jurisdiction; and Number of Maryland Child Neglect Investigations, FY '85, by Jurisdiction**

	DISPOSITIONS OF CHILD ABUSE INVESTIGATIONS (1)					CHILD NEGLECT INVESTIGATIONS(6)
	CONFIRMED (2)	INDICATED (3)	UNCERTAIN (4)	RULED-OUT (5)	TOTAL	TOTAL
State	2,015	1,441	1,946	3,717	9,119	8,325
Allegany	47	16	23	29	115	165
Anne Arundel	195	77	103	326	701	609
Baltimore City	555	569	651	1,276	3,051	3,366
Baltimore	199	143	192	292	826	379
Calvert	26	7	13	28	74	82
Caroline	27	3	5	16	51	85
Carroll	20	30	78	51	179	84
Cecil	65	13	31	77	186	245
Charles	56	43	62	130	291	151
Dorchester	17	8	7	19	51	141
Frederick	38	35	32	71	176	86
Garrett	9	6	12	22	49	92
Harford	88	44	79	104	315	299
Howard	35	24	42	63	164	241
Kent	9	0	4	16	29	19
Montgomery	108	118	159	266	651	408
Prince George's	330	190	314	583	1,417	1,270
Queen Anne's	23	9	8	21	61	72
St. Mary's	37	36	42	116	231	136
Somerset	13	10	7	22	52	27
Talbot	9	10	10	20	49	40
Washington	36	26	29	69	160	212
Wicomico	40	17	33	71	161	63
Worcester	33	7	10	29	79	53

(1) CHILD ABUSE INVESTIGATIONS include those for child sexual abuse.
(2) CONFIRMED means that there is credible and specific evidence that abuse occurred.
(3) INDICATED means that there is strong suspicion based on reasonable judgement that abuse occurred.
(4) UNCERTAIN means that it is not possible at the time the investigation is completed to determine whether child abuse has occurred.
(5) RULED-OUT means: a) that there was no injury, or
b) that injuries clearly have been accidentally caused, or
c) that the injury or abuse does not meet the definition of child abuse (although another criminal act may have caused it).
(6) Dispositions of neglect investigations are not provided by DHR data.

SOURCE: Maryland Department of Human Resources, Social Services Administration, Central Registry, 12/85.

tion of child abuse enabled DHR's Project H.E.L.P. to make a total of 18 community-based prevention grants to public and private agencies. Legislation passed during the 1985 Session of the General Assembly, as part of the Governor's Children and Youth Initiatives, established a structure for a state-funded community grants program, but no funding was approved.

The Governor's Task Force on Child Abuse and Neglect,[10] established pursuant to Senate Joint Resolution 16 of the 1983 Session of the General Assembly, has been highly successful in bringing about legislative reform. In 1984, legislation was enacted that required prompt investigations of alleged abuse reports, strengthened investigating procedures, required special training for sexual abuse investigators, required joint investigations in sexual abuse cases, and provided safeguards needed to protect children in disputed custody and visitation matters.

In 1985, the Task Force's legislative recommendations were included in the Governor's Children and Youth Initiatives. The General Assembly enacted legislation that allows for the removal of an alleged child abuser from the home for a certain period of time rather than removing the child, permits testimony of a child abuse victim by closed circuit television in certain circumstances, and strengthens the laws concerning child pornography. Two bills that did not pass in 1985 dealt with criminal background checks for child care workers and penalties for failure to report child abuse.

The 1986 legislative recommendations of the Governor's Task Force on Child Abuse and Neglect include proposals that would impose civil penalties and require regulating authorities to place sanctions (e.g., license revocation, reprimand, suspension, or dismissal) on certain professionals (e.g., nurses, physicians, teachers, police officers, and social workers) who fail to report suspected abuse; would require criminal background checks on persons working with children to determine criminal convictions or pending criminal charges that might have a bearing on their ability to do the work; would strengthen courtroom procedures in regard to participation of children; would establish a permanent Child Abuse and Neglect Council; and would encourage prevention programs in the public schools.

In August 1984, the Secretary of DHR, in consultation with the Secretary of the Maryland Department of Health and Mental Hygiene and the Maryland State Superintendent of Schools, established a Child Protection Review Panel to review and make recommendations with respect to prevention, investigation, and services and licensing sanctions regarding child abuse in out-of-home care or placement settings. The Panel found that only 3% of all child abuse reports involved out-of-home settings in 1983 and only 4% in 1984.[11] However, it was clear that there could be improvement in how children can be protected. Implementation of the Panel's forty-one recommendations is currently under way.

Future Directions

Child abuse and neglect are complex problems caused by many social, psychological and environmental conditions that must be taken into account when devel-

oping recommendations to address these issues. Increased reporting and greater public awareness of child abuse issues have created a vast need for expanded resources to promote public education; to initiate major efforts aimed at the prevention, detection, and treatment of child abuse and neglect; and to provide comprehensive services and programs both to victims and abusers and to their families.

Future initiatives need to include:

- major prevention efforts directed at children through schools and community-based programs;
- major prevention efforts directed at parents and potential parents, such as parenting education and skills training;
- special training concerning prevention and recognition of child abuse for professionals who work with children in schools, residential programs, child care programs, recreation facilities, and other child care settings;
- ongoing in-service training for those professionals who investigate reports of alleged abuse and for those responsible for providing services to victims and their families;
- examination and remediation, where necessary, of personnel and management problems to ensure accountability, adequate staffing, and consistent policies;
- continued effective and timely implementation of the Child Protection Review Panel's recommendations;
- expanded resources for family services to prevent out-of-home placements of abused and neglected children;
- serious consideration of the 1986 legislative recommendations of the Governor's Task Force on Child Abuse and Neglect that were described earlier.

Clearly, in order to stem the ever-growing incidence of child abuse, this issue must be addressed on many fronts through an array of specialized services, programs, and legal mechanisms.

Child Care

Background

- In Maryland, in 1980, 60% of mothers with children under age 18 (350,552 mothers), 47% of mothers with children under age 3 (65,492 mothers), and 56% of mothers with children between ages 3-5 and no children under 3 years (51,663 mothers) were in the labor force.[1]

- The Maryland data above is consistent with national data showing that in March 1984 52% of women with children under 6 years--and almost 50% with children under 3 years--were working.[2]

- In Maryland, during 1985, approximately 64,603 children were in regulated child care settings.[3] (See Table 3.)

- In Maryland during FY '86, approximately 10,500 children will be served monthly in 7,445 purchase-of-care slots (some children attend on a part-time basis).[4]

- By 1990, at least half of all preschool children, 11.5 million, will have mothers in the labor force, as will 60%--about 17.2 million--of all school-age children.[5]

- Two-thirds of the women in the labor force are the sole providers for their children or have husbands who earn less than $15,000 a year.[6]

The increasing numbers of women in the work force and the rising number of families headed by a single mother or father are creating a demand for child care for infants, toddlers, preschool, and school-age children that far outstrips the supply. Many women return to and remain in the work force while their children are young. For most families, child care is a fact of life, but all too often it is inadequate, too expensive, makeshift or unavailable.

Children are cared for in a variety of ways, including family day care, center-based care, preschools, before and after school programs, in-home care, self-care, or care by a neighbor, relative or sibling. Many children are cared for in regulated programs that provide basic safety, environmental and programmatic standards; but far too many children are in child care situations that seriously threaten their health, safety and well-being. "Estimates indicate that two out of every three children are in unregulated situations."[7]

Regulation of child care programs varies from state to state, and the federal government abandoned its modest national standards for child care programs in 1981. The federal government's involvement in day care has been primarily through the Title XX Social Services Block Grant, which provides funds which can

Table 3: Number of Children in Regulated Child Care Settings in Maryland, 1985, by Jurisdiction

	ENROLLMENT IN DHMH LICENSED CENTERS(A)	ESTIMATED ENROLLMENT IN DHR REGISTERED FAMILY DAY CARE HOMES(B)	ENROLLMENT IN MSDE APPROVED BEFORE & AFTER SCHOOL DAY CARE SERVICES(C)
State	36,169	24,768	2,213
Allegany	5,482	172	0
Anne Arundel	333	1,540	175
Baltimore City	3,039	4,180	253
Baltimore	4,287	3,356	329
Calvert	361	200	0
Caroline	214	276	0
Carroll	1,090	1,384	0
Cecil	593	320	0
Charles	1,103	300	0
Dorchester	187	224	6
Frederick	1,335	1,364	0
Garrett	83	48	0
Harford	844	948	53
Howard	859	1,256	56
Kent	253	144	0
Montgomery	6,870	3,232	1,098
Prince George's	6,063	2,524	185
Queen Anne's	293	240	0
St. Mary's	577	768	8
Somerset	256	184	0
Talbot	315	136	0
Washington	720	888	0
Wicomico	721	816	50
Worcester	291	268	0

(A) SOURCE: Maryland Department of Health & Mental Hygiene, Preventive Medicine Administration, Division of Child Day Care Licensing & Consultation, 7/85; includes most Maryland Head Start Programs.

(B) SOURCE: Maryland Department of Human Resources, Social Services Administration, Office of Day Care & Special Projects, 9/85.

(C) SOURCE: Maryland State Department of Education, Division of Certification & Accreditation, Nonpublic School Accreditation Branch, 1/86.

be used for child care subsidies to families who meet specific eligibility criteria established by the State.

The child care industry, like many other industries, is facing an insurance crisis. Insurance policies are being cancelled mid-term or not renewed. When insurance is available, coverage is limited (often excluding professional liability coverage for child abuse), and premiums are increased as much as 500% or more. Child care providers are being forced to choose between inadequate insurance, no insurance, or closing. They are also being forced to focus on how they can reduce their risks. The quality, availability, and delivery of services are greatly affected by the ability of child care providers to obtain and maintain adequate liability coverage at an affordable cost.

The rapidly increasing demand for day care is prompting employers to look more closely at the needs of working parents and is encouraging state and local governments to expand child care programs through both public and private sector initiatives. Research studies have indicated that employee tardiness, absenteeism, and turnover are often related to parents' concerns about child care. Some employers are providing worksite child care, benefits for child care, or information and referral services. Employers are also beginning to examine personnel policies and to consider options such as flexible work schedules, part-time work opportunities with partial fringe benefits, job sharing, expanded maternity leave, paternity leave, and leave to care for sick children.

In addition to focusing attention on the demand for child care and its cost, child care providers need support--they have not been accorded the professional status they deserve. Professionals in the field have endeavored to raise standards and quality, but little reward has been forthcoming for the important work being done. Salaries and wages are especially low, and training for providers is inadequate. According to the Children's Defense Fund, "two out of three center-based caregivers earn wages below the poverty level . . . , and 87% of family day care workers earn below the minimum wage."[8]

Current State Involvement

Maryland has a strong licensure system for child care programs. However, the responsibility for regulating these programs is divided among the Maryland Departments of Education (MSDE), Health and Mental Hygiene (DHMH), and Human Resources (DHR). (See Table 4.) The Governor established a Day Care Facilities and Services Task Force in August 1985 to review the State's child care licensing system and make appropriate recommendations for improvement.[9]

DHR's Social Services Administration (SSA) administers the family day care registration program, which is implemented by local departments of social services. Family day care is provided in the caregiver's home to six or fewer children not related to the caregiver. There are approximately 7,000 registered family day care homes in Maryland.[10]

SSA also administers the purchase-of-care program. This program pays all or part of the cost of child care for a limited number of families who meet certain state-established eligibility criteria. It is supported by state

Table 4: Number of Regulated Child Care Settings in Maryland, 1985, by Type and Jurisdiction

	DHMH LICENSED CENTERS (A)						DHR REGISTERED PROVIDERS OF FAMILY DAY CARE (B)	MSDE APPROVED BEFORE & AFTER SCHOOL DAY CARE SERVICES IN NON-PUBLIC SCHOOLS(C)
	TOTAL	FULL DAY	B/A(1)	HALF DAY	SCHOOL AGE(2)	EXTENDED HOURS(3)		
State	833	609	(206)	97	101	26	6,192	70
Allegany	11	9	(3)	2	0	0	43	0
Anne Arundel	64	50	(34)	10	3	1	385	6
Baltimore City	121	99	(10)	10	9	3	1,045	7
Baltimore	111	82	(21)	6	18	5	839	12
Calvert	10	8	(3)	2	0	0	50	0
Caroline	5	4	(2)	0	1	0	69	0
Carroll	20	11	(5)	9	0	0	346	0
Cecil	13	10	(7)	3	0	0	80	0
Charles	17	11	(6)	6	0	0	75	0
Dorchester	7	7	(0)	0	0	0	56	1
Frederick	26	14	(9)	11	1	0	341	0
Garrett	5	5	(0)	0	0	0	12	0
Harford	17	12	(8)	5	0	0	237	3
Howard	20	7	(4)	0	12	1	314	1
Kent	6	2	(1)	4	0	0	36	0
Montgomery	164	103	(51)	9	40	12	808	31
Prince George's	142	119	(28)	3	16	4	631	7
Queen Anne's	7	5	(3)	2	0	0	60	0
St. Mary's	18	12	(4)	6	0	0	192	1
Somerset	6	6	(0)	0	0	0	46	0
Talbot	8	4	(0)	3	1	0	34	0
Washington	15	11	(5)	4	0	0	222	0
Wicomico	13	12	(0)	1	0	0	204	1
Worcester	7	6	(2)	1	0	0	67	0

(1) Number of Full Day Centers which offer before and after school care.
(2) Ages 6-16 exclusively, in before and after school programs.
(3) Schools or Church Exempt Schools offering extended hours for day care service.

(A) SOURCE: Maryland Department of Health & Mental Hygiene, Preventive Medicine Administration, Division of Child Day Care Licensing & Consultation, 7/85; includes most Maryland Head Start Programs.
(B) SOURCE: Maryland Department of Human Resources, Social Services Administration, Office of Day Care & Special Projects, 9/85.
(C) SOURCE: Maryland State Department of Education, Division of Certification & Accreditation, Nonpublic School Accreditation Branch, 1/86.

general funds and federal Title XX Social Services Block Grant funds.

In 1985, as part of the Governor's Children and Youth Initiatives, the General Assembly approved funding to provide an additional 500 purchase-of-care slots, increasing the total to 7,445. (See Table 5.) The General Assembly also approved funding for another Initiative, a rate increase to providers who take purchase-of- care children. The rates are now $10.00 per day for group day care; in family day care, the rates are $7.00 per day for regular family day care, $8.00 per day for infant care, and $9.00 per day for handicapped care.

Group day care centers are licensed by local health departments under the guidance of DHMH. Group day care consists of child care provided in the home to 7 or more children not related to the caregiver and any child care provided in facilities outside the home. There are approximately 833 licensed group day care programs in Maryland.[11]

Nonpublic nursery schools, kindergartens and before and after school programs are regulated by MSDE. There are approximately 315 approved programs in Maryland, including 70 before and after school programs.[12]

Table 5: Number of Children in Maryland Purchase-of-Care Child Care Program, September 1985, by Jurisdiction

	FAMILY DAY CARE(A)	GROUP DAY CARE(B)		FAMILY DAY CARE(A)	GROUP DAY CARE(B)
State	4,992	5,115			
Allegany	76	68	Harford	189	110
Anne Arundel	254	617	Howard	35	110
Baltimore City	2,416	1,658	Kent	41	17
Baltimore	337	303	Montgomery	215	785
Calvert	0	9	Prince George's	309	427
Caroline	69	111	Queen Anne's	27	21
Carroll	156	174	St. Mary's	94	32
Cecil	76	110	Somerset	49	2
Charles	76	61	Talbot	4	60
Dorchester	11	78	Washington	153	77
Frederick	122	260	Wicomico	215	21
Garrett	24	0	Worcester	44	4

(A) Includes Infant & Regular Family Day Care; there are 4,400 full-time slots for FY '86 which may be used by more than one child each due to part-time care.
(B) There are 3,045 full-time slots for FY '86 which may be used by more than one child each due to part-time care.

SOURCE: Maryland Department of Human Resources, Social Services Administration, Office of Day Care & Special Projects, 9/85.

In 1983, the General Assembly established the Day Care Facilities Loan Guarantee Fund. Administered by the Maryland Department of Economic and Community Development, the purpose of the program is to guarantee loans made by lending institutions to finance the expansion or development of group or family day care facilities in Maryland. Major efforts are under way to promote public awareness of the program in order to increase participation in it.

The insurance crisis' negative impact on the supply of child care is being addressed by the Governor's Task Force on Liability Insurance and by the Maryland State Insurance Commissioner. The Task Force's final report includes recommended measures to assist all affected industries and several recommendations specifically directed at child care.[13] The Commissioner has prohibited midterm cancellations and has established a Market Assistance Program (MAP) to help providers find insurance coverage.

In response to another Children and Youth Initiative, the Governor has established a task force to develop a comprehensive statewide plan for the promotion of worksite, employer-related, and private sector child care options. In addition, the Maryland Commission for Women, through its Task Force on Family-Oriented Personnel Policies, is looking at personnel policies for state employees to determine if they reflect the needs of working parents.[14] A questionnaire concerning state policies and family responsibilities was distributed in March 1985. A report of the findings is expected in early 1986.

Future Directions

The number of children in out-of-home child care arrangements necessitates a thorough assessment of child care policies. Public policy must respond to the changing role of families. Parents need child care that is affordable and accessible, and children need high quality programs to enhance their growth and development.

It is of critical importance to:

- develop and expand quality child care programs for all children, but in particular for infants and for school-age and disabled children;
- encourage and expand provider training in all types of child care programs, especially for those providing care to infants and disabled children and for those providing family day care;
- increase public funding of child care services for low-income families, since the availability of child care often enables low-income and poor families to remain in the work force and reduce their need for public assistance;
- support federal initiatives such as funding for the Dependent Care Resource and Referral School Age Block Grant of 1984; increased funding for the Title XX Social Services Block Grant; provision of child care support for low-income students; and establishment of an advisory

committee on child care standards in each state and at the national level;

- monitor licensing statutes and regulations to ensure that standards for safety and program quality are being met;

- ensure that public agencies required to monitor programs have sufficient staff to carry out this responsibility in an effective, consistent, and timely manner;

- address the insurance crisis by improving both the insurance industry's attitude concerning liability insurance for child care and the child care industry's commitment to minimizing its risks;

- determine ways to increase salaries, wages, and benefits for child care providers;

- urge the State, as one of the largest employers in Maryland, to serve as a model for other Maryland employers by adopting policies and/or programs responsive to the child care needs of its employees, such as flexible personnel policies and employer-related child care services and options. (The related work of the Maryland Commission for Women should be used.)

The need for a range of child care services will not diminish--neither will the needs of those children in care. Both the public and the private sectors have a responsibility to promote policies enabling parents to balance family and work responsibilities in ways that promote the best interests of children.

Children in Poverty

Background*

- According to 1980 national census data, 404,429 people in Maryland live below the poverty level.[1]
- In Maryland, in 1980, 32,693 families with related children under age 6 lived below the poverty level; 30,469 families with children ages 6-17 lived below the poverty level.[2]
- In FY '85, 65% of Maryland recipients of Aid to Families with Dependent Children (AFDC) were children.[3]
- In Maryland, the maximum AFDC Grant and Food Stamp benefit for a family of four is $639 per month (or $7,668 annually), which represents 78.2% of the updated standard of need for FY '86 and 70.4% of the projected 1986 poverty level ($10,900 per year for a family of four).[4]
- In Maryland, the average number of children in an AFDC family is 1.77. More than half of the families receiving AFDC (52%) have one child, while only 4% have four or more children.[5]
- Nationally, in 1983, nearly 14 million children, or more than one child in five, lived in poverty as measured by the U.S. Bureau of the Census definition. These children constituted nearly 40% of all poor people, and they, and the adults with whom they lived, represented more than two thirds of the poverty population.[6]
- Nationally, in 1983, more than one-sixth of poor children--more than 2.5 million--were in families with at least one full-time, year-round worker.[7]

Too many children and their families are living in poverty with serious adverse effects. "The effects of poverty on a child are immeas-

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*This chapter will focus primarily on AFDC--the major income support program for families with children. Other income support programs--Medicaid and Food Stamps--are discussed in the chapters on Health and Mental Health and on Nutrition, respectively. Discussion of other programs available to poor children and their families may be found in the chapters on Education and Employment, Health and Mental Health, Nutrition, and Teen Pregnancy.

urable. They begin before birth and can last a lifetime."[8] Such children are more likely to have serious health problems and inadequate diets and are less likely to do well in school. Their families are more likely to be poorly educated, to have few job skills and little work experience, and to have few financial resources. Family stress is high, and these families are often at greater risk for crises that result in serious family disruption or dysfunction.

The lack of an adequate income and meaningful employment opportunities prevents poor families from achieving self-sufficiency. Such families are unable to provide the minimal essentials to maintain a decent living.

Various federal programs provide assistance to poor families and their children. The AFDC Program is the only federal program aimed directly at poor children by giving their families income assistance. (See Table 6.) Basic assistance programs for poor families and children also include Food Stamps and Medicaid. Taken together, these, and other assistance programs, still only serve a small percentage of poor children adequately since differing criteria for eligibility may target some, but not all, of the poor families.

Current State Involvement

Income support consists of cash and in-kind assistance programs designed to help low-income families with children meet their basic needs. The federal government establishes the general policies and regulatory requirements for most income support programs. States determine eligibility limits for aid under these programs.

Table 6: Number of Children in Maryland Receiving Aid to Families with Dependent Children, FY '85, by Jurisdiction

State	125,074		
Allegany	2,412	Harford	2,220
Anne Arundel	5,010	Howard	501
Baltimore City	75,922	Kent	283
Baltimore	6,847	Montgomery	4,750
Calvert	820	Prince George's	12,191
Caroline	519	Queen Anne's	513
Carroll	655	St. Mary's	1,182
Cecil	1,352	Somerset	609
Charles	1,649	Talbot	365
Dorchester	973	Washington	2,050
Frederick	1,111	Wicomico	1,759
Garrett	729	Worcester	652

SOURCE: Maryland Department Of Human Services, Income Maintenance Administration, "Annualized Statistical Report, FY '85."

Income support programs are administered in Maryland by the State Department of Human Resources (DHR). They include: Aid to Families with Dependent Children (AFDC), Emergency Assistance to Families with Children (EAFC), Food Stamps (FS), Medical Assistance-Medicaid (MA),Foster Care for Children, and General Public Assistance to Pregnant Women. Details on these programs may be found in Section III, Program Inventories.

In 1979, a Commission on Welfare Grants was appointed by Governor Hughes. After extensive study, the Commission determined that an AFDC family of four needed a $600 per month grant to live a minimally decent life in Maryland. The General Assembly endorsed the report as a realistic statement of financial need and directed DHR to "use the Commission's findings, updated annually, as a basis for evaluating budgetary requirements for the various public assistance programs."[9] Using the Commission's findings, an AFDC family of four would need an $817 per month grant in FY '86.

Since 1979, under the Hughes Administration, Maryland has provided a 48% increase in AFDC grants.[10] But as demonstrated by the statistics noted earlier, grant benefits still do not meet the minimal needs of poor families with children. An important issue for AFDC is the development and expansion of significant job training programs and opportunities for meaningful employment which would help many AFDC families to achieve self-sufficiency.

An important DHR program that assists AFDC applicants and recipients in finding and maintaining unsubsidized employment is the Employment Initiatives Program. This program contributes to the economic self-sufficiency of welfare clients and enables taxpayers to realize reductions in public assistance costs. It provides employment and training opportunities to participants in the Work Incentive Demonstration (WIN) Program. Remedial education, skills training, welfare grant diversion, funded on-the-job training, work experience, and job search assistance are available to clients and tailored to their specific needs. The primary program emphases are training, financial incentives and supportive services, such as child care and transportation.

The Employment Initiatives Program began in October 1982 in two jurisdictions: Baltimore City (OPTIONS) and Wicomico County (BET). In the fall of 1984, it expanded to five additional counties--Harford, Allegany, Anne Arundel, Dorchester and Frederick. In July 1985, it expanded once again to assist teen and young adult AFDC applicants and recipients in finding and maintaining employment. As of September 1985, nearly 80% of the active participants had obtained unsubsidized employment.[11]

The DHR Advisory Council has developed a proposal to expand employment efforts. Called Investment in Job Opportunities (IJO), the initiative is a public-private partnership designed to break dependence on public assistance and build economic self-sufficiency through targeted job creation, while also providing job training and supportive services.

Future Directions

Many issues confront the poor daily. The State provides a number of programs to assist poor children and their families, but resources are limited. Too many children and their families suffer from unemployment and inadequate income, health care, housing, and nutrition.

Initiatives related to income support that merit attention include:

- raising AFDC grants to meet a minimal standard of living as determined by the Governor's Commission on Welfare Grants;
- developing and expanding job training and educational programs to ensure meaningful employment opportunities for public assistance recipients;
- expanding the availability of child care and other support services that will assist poor parents in obtaining and retaining jobs;
- ensuring that poor children receive an education that will adequately prepare them to obtain jobs and achieve self-sufficiency;
- providing adequate housing to ensure a safe and healthy environment for children.

There are no easy answers to reducing poverty. A comprehensive approach aimed at improving the quality of life for the poor so that they have an equal opportunity to achieve economic self-sufficiency is essential.

Education and Employment

Background

- One dollar invested in preschool education returns $7.00 in savings because of lower special education costs, lower welfare, and higher worker productivity.[1]

- It costs only $500 to provide a year of compensatory education to a student compared to over $3,000 when a student repeats one grade once.[2]

- If intervention for handicapped infants is delayed until age 6, education costs to age 18 are estimated at $53,350; intervention at birth is estimated to result in lower education costs of $37,272, a savings of $16,078.[3]

- In Maryland, the 1983-84 per pupil expenditure ranged from a low of $2,619 in Caroline County to a high of $4,560 in Montgomery County; the state average per pupil expenditure was $3,404.[4]

- Maryland's 1984 teen (ages 16-19) unemployment rate was 14.7%. For white youths, the rate was 10.6%.[5] While precise figures are difficult to come by for black teen unemployment rates, experts generally assume that rate to be 2 to 2½ times higher than their white counterparts.

Publicly funded education has received a great deal of attention over the past decade, with much of it supporting the notion that there is a "crisis in education."[6] The topics addressed include providing compensatory education services to economically and educationally disadvantaged students; meeting the educational needs of handicapped children; providing preschool education programs; reducing the rates of truancy, illiteracy, and dropping out; improving the opportunity for employment; reducing the teacher shortage; and equalizing funding and opportunity for all students, to name but a few. Maryland's studies and reports on this issue focus on two broad categories--equity and excellence in the classroom. Major reports have been issued during recent years that detail the situation in Maryland as well as put forward specific recommendations.[7]

Current State Involvement

Article VIII of Maryland's Constitution provides that the State shall establish and provide for "a thorough and efficient system of free public schools . . . ." (See Table 7 for public school enrollment by jurisdiction.)

Table 7: Enrollment in Maryland Public Schools, 1984-85 School Year, by Jurisdiction

	PREKINDERGARTEN	KINDERGARTEN	ELEMENTARY	SECONDARY
State	7,569	41,374	251,737	297,703
Allegany	15	794	4,815	6,148
Anne Arundel	418	4,304	26,484	32,479
Baltimore City	3,963	8,692	51,125	49,794
Baltimore	422	5,412	33,250	42,302
Calvert	111	617	3,353	3,951
Caroline	0	313	1,954	2,025
Carroll	108	1,404	8,040	9,918
Cecil	98	799	5,134	6,065
Charles	155	1,011	6,853	8,802
Dorchester	162	313	2,105	2,473
Frederick	39	1,798	10,231	11,367
Garrett	30	429	2,261	2,417
Harford	64	1,914	11,709	13,680
Howard	73	1,531	10,015	12,713
Kent	0	144	1,070	1,193
Montgomery	1,068	6,130	36,263	48,189
Prince George's	560	6,554	43,804	55,459
Queen Anne's	11	331	2,002	2,286
St. Mary's	346	874	4,518	5,350
Somerset	154	245	1,510	1,511
Talbot	0	289	1,585	1,805
Washington	187	1,327	7,474	8,829
Wicomico	3	850	5,357	5,094
Worcester	15	397	2,124	2,480

SOURCE: Maryland State Department of Education, "Selected Education Statistics, 1984-85."

The State Board of Education is responsible for public school system policy and the bylaws and regulations that govern it. The Board also appoints the State Superintendent of Schools, who is responsible for the direction of the Maryland State Department of Education (MSDE) and the execution of the policies and regulations adopted by the Board. However, it is the local boards of education in each of Maryland's twenty-four subdivisions that carry out state policies. Funding for public education is derived from local, state, and federal sources. The receipt of some federal funds requires the State to provide certain programs.

Four such federally mandated and funded programs provided in Maryland are highlighted here because they were determined by the United States House of Representatives' Select Committee on Children, Youth and Families to be cost-effective programs that have "improved the lives of participating children, and saved public monies as well."[8] They are programs concerning preschool education, compensatory education, education for all handicapped children, and youth employment and training.

Long-term research provides excellent documentation that preschool programs benefit children--especially the disadvantaged. Some effects are lower retention in grade, less need for special education services, greater likelihood of completing high school, increased employability, reduction in dependence on public assistance, and decreased criminal activity.[9]

The best-known of the preschool programs is Head Start. Established in 1965, and currently authorized under P.L. 98-558, it is a national program that provides enriched early childhood education for low-income children. It also provides a range of other services developed with parent and community involvement, including health, nutrition and social services. In FY '86, there are 16 Head Start programs serving 5,191 children in Maryland.[10] (See Table 8.) Maryland also provides the Extended Elementary Education Program (EEEP), a school-targeted prekindergarten education program that is projected to serve about 2,400 children in twelve local school districts in FY '86.[11] The Governor's Children and Youth Initiatives of 1985 recommended an expansion and modification of the EEEP and provided increased funding. However, the General Assembly did not adopt this Initiative.

Also in 1965, Title I of the Elementary and Secondary Education Act (ESEA) was enacted by Congress to provide compensatory education services to educationally disadvantaged and low-income students. In 1981, Congress replaced Title I with the substantially different Chapter I of the Education Consolidation and Improvement Act. Yet, despite the documented successes and cost-effectiveness of compensatory education, federal funding has not kept pace with inflated costs, thus forcing the elimination of certain programs. In 1982-3, it was estimated that, nationally, the program served only 50% of those children considered to be in need. In Maryland, which contributes state funds to compensatory aid programs, 80,593 children, or 74.8% of the eligible population, participated in Chapter I programs in FY '85.[12]

National data on the effects of compensatory education show academic achievement and maintenance of statistically significant gains in reading and mathematics over a year, a narrowing of the achievement gap between black and other elementary students, and a drop in achievement gain when Title I assistance terminated.[13]

A third educational program that has been shown to be cost-effective is the

Table 8: Number of Children Funded in Maryland Head Start Programs, FY '86, by Jurisdiction

State	5,191		
Allegany	155	Harford	****
Anne Arundel	223	Howard	137
Baltimore City	1,559	Kent	197
Baltimore	360	Montgomery (1)	655
Calvert	**	Prince George's	395
Caroline	60	Queen Anne's	*
Carroll	30	St. Mary's	440
Cecil	****	Somerset	120
Charles	**	Talbot	*
Dorchester	45	Washington	249
Frederick	120	Wicomico	***
Garrett	100	Worcester	346

* Included with Kent County.
** Included with St. Mary's County.
*** Included with Worcester County.
**** Included with Baltimore County.

(1) Does not include 253 children served using additional county funds.

SOURCE: U.S. Department of Health & Human Services, Office of Human Development Services, Region III, Head Start Program Funding Plan for FY '86.

Education for All Handicapped Children Act (P.L. 94-142), which was created in 1975. The purpose of the Act is to assure that every handicapped child aged 3-21 years (who resides in a state participating in the program) receives a free, appropriate education in the least restrictive environment. Yet, although the law authorized the federal government to contribute up to 40% of the excess per pupil cost of educating a handicapped child, the actual contribution has never exceeded 12%.[14] Currently in Maryland, the federal appropriation represents approximately 7% of the average per pupil cost.[15] The state formula for special education funding has been frozen since 1981. A recently appointed gubernatorial task force is examining this problem.

Maryland provided services to handicapped children prior to passage of the federal law in 1975. Further, Maryland enacted its own education for handicapped children law which is stronger than the federal law in that Maryland is required to serve children from birth to age 21. In the 1984-85 school year, Maryland served 91,549 students aged 0-21.[16] (See Table 9.)

Traditionally, employment and training would be dealt with as a separate issue from education. But, when considering youth, employability issues cannot be divorced from educational background and level of skills. Employment and training programs are part of the larger educational process.

The literature on youth unemployment broadly illustrates a strong link between economically disadvantaged status, barriers to employment, and unemployment. Many youth often lack the skills, credentials, and/or experiences necessary to enter and remain within the work force. However, youth employment and training programs can benefit children through "gains in employability, wages, and success while in school and afterwards."[17]

Table 9: Number of Handicapped Students Served in All Maryland Schools, 1984-85 School Year, by Jurisdiction

State	91,549		
Allegany	1,281	Harford	3,075
Anne Arundel	9,324	Howard	4,094
Baltimore City	18,918	Kent	266
Baltimore	9,367	Montgomery	10,992
Calvert	962	Prince George's	11,966
Caroline	748	Queen Anne's	455
Carroll	3,070	St. Mary's	1,724
Cecil	1,418	Somerset	574
Charles	2,082	Talbot	470
Dorchester	835	Washington	2,735
Frederick	3,318	Wicomico	1,061
Garrett	625	Worcester	595
		STATE OPERATED PROGRAMS	1,594

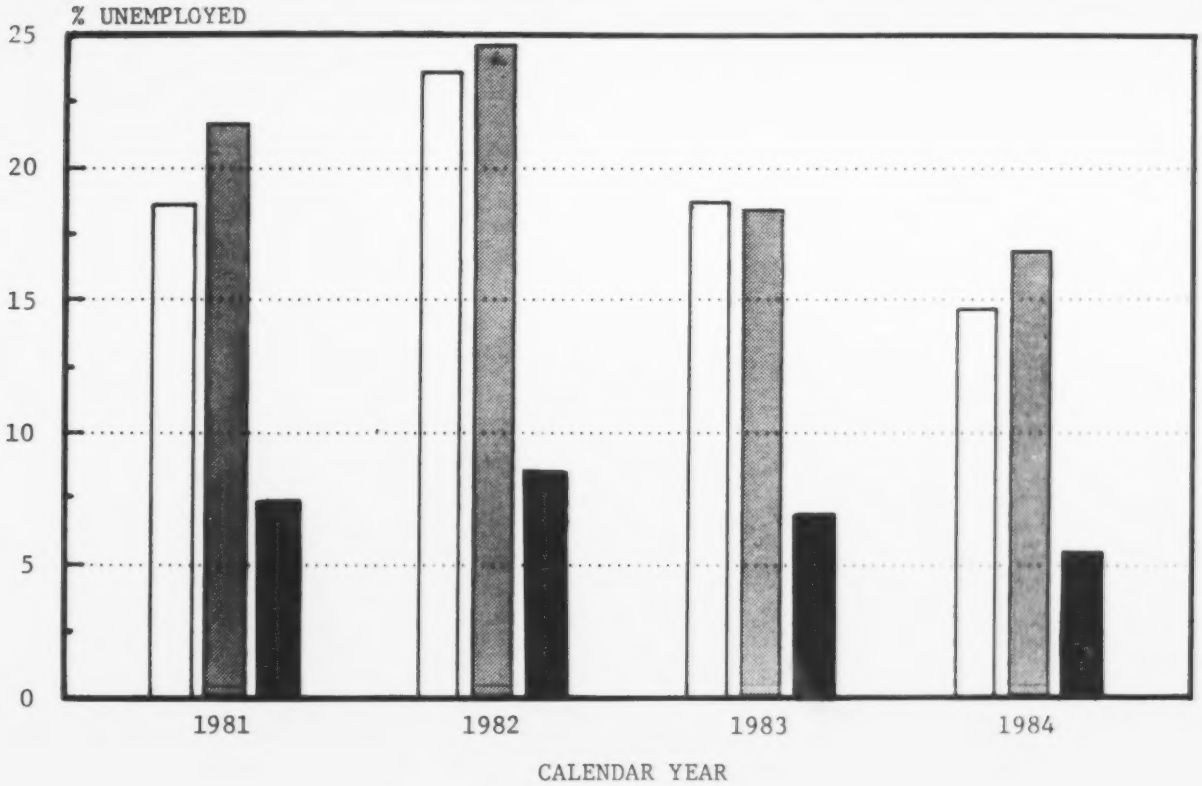
SOURCE: Maryland State Department of Education, SSIS Report #3, 12/1/84 Child Count, revised 8/15/85.

The provision of career and employability development services (career exploration, work experience, pre-employment training, basic skills remediation, career-related assessment and instruction, internship, and guidance) at the secondary school level is necessary to address the employability development needs of all youth. However, it is also necessary to build sound skills at the early childhood and elementary school levels as part of the long range solution to youth unemployment. (Figure 4 shows Maryland's teenage unemployment rates.)

Over the years, several federal programs were established to meet the needs of older students. One was the Youth Employment Demonstration Projects Act of 1977, incorporated in the Comprehensive Employment and Training Act (which no longer exists under that name). Today, major youth employment and training efforts are authorized under the Job Training Partnership Act of 1983.

Since FY '84, MSDE has administered a statewide funding program through the 8% education set-aside of the Job Training Partnership Act (JTPA). This program provides grants to local school districts and other youth-serving agencies to provide employability development services for economically disadvantaged youth ages 16-21. During FY '84, 1,990 individuals were served by the localities granted these JTPA funds. The types of services provided included: career and vocational assessment; basic skills remediation; pre-employment training; career planning, exploration and decision-making; guidance and counseling; and self-job placement assistance. MSDE received $1.3 million to operate this program in FY '84. In subsequent fiscal years, these federal funds have been cut by 10% each year.[18]

Figure 4: Unemployment Rates for Maryland and Baltimore Metropolitan Area Teenagers, 1981-84, Compared to Rates for Total State Population



BALTIMORE METROPOLITAN AREA includes Baltimore City, Baltimore County, Anne Arundel County, Carroll County, Harford County, Howard County, and Queen Anne's County.

SOURCE: United State Department of Labor, Bureau of Labor Statistics "Geographic Profile of Employment and Unemployment 1984", provided by Maryland Department of Employment and Training.

The JTPA program administered by the Maryland Department of Employment and Training (DET) provides employment and training services to dislocated workers and to economically disadvantaged adults and youth. During FY '85, 15,708 participants completed training; 28% were AFDC recipients, and 40% were youth.[19] The services provided focus on building a strong relationship with the private sector on the local level, through Service Delivery Areas, while coordinating with education, social services, and economic development agencies.

The Governor's Children and Youth Initiatives of 1985 provided additional focus and resources to strengthen the link between education and employment. Half a million dollars in state funds were allocated to fund a Youth Work Experience Program. These funds must be matched on a two-for-one basis by the Service Delivery Areas.

The Program can provide up to 855 economically disadvantaged high school juniors and seniors with work experience through the provision of part-time jobs during the school year.[20] Participation in the Program requires both satisfactory school attendance and achievement. In order to reach teens who have already dropped out, and for whom returning to the traditional school setting is not likely, alternative education programs leading to a GED or equivalent are accepted in lieu of high school attendance. The Program is being administered by DET in conjunction with Private Industry Councils and Service Delivery Areas.

Although the programs described above have made significant gains, funds for career education and skills training are still limited, and much remains to be done.

Up to this point, discussion has focused primarily on Maryland's involvement with four federal programs that have proven to be effective and cost-effective. But it is also important to address several other issues that have a significant impact on the delivery of all educational services in Maryland: student competencies, funding disparities, teacher shortages and teacher competency.

In a January 1977 paper, entitled The Mission of Schooling, the Maryland State Board of Education affirmed its educational philosophy. This policy statement outlined five areas of human activity in which students should develop at least minimum competencies for graduation. These competencies are:

- basic skills such as reading, writing, and calculating;
- survival skills including consumer, parenting, interpersonal, mechanical and financial;
- employment skills including preparing students to secure work upon graduation from high school or post-secondary programs;
- leisure skills to help students become involved in creative and healthful lifetime activities;
- citizenship skills such as becoming involved in the electoral process, participating in local civic affairs, and understanding the system of justice.

Project Basic, introduced in 1978 by MSDE, is a major effort to advance these goals. It includes the development of curriculum at the state

level and implementation by the local school systems of a complete instructional program necessary to ensure that all graduating seniors will meet the basic competency level in each of the 233 basic skills identified.

Funding disparities exist and effect the delivery of basic education. (See Table 10.) In 1983, a gubernatorial task force was created to ensure equitable and adequate funding for all public school systems in the State. This Task Force to Study the Funding of Public Education made two recommendations that would alter the basis for computing state public education aid.[21] The major difference between the two recommendations was cost five years after implementation. The General Assembly in 1984 adopted the less costly proposal, which computes a basic current expense program for each county and establishes new provisions governing the level of funding and distribution of compensatory aid to areas that have special needs. In addition, each local board of education must submit an annual accountability plan describing that county's use of basic aid and compensatory aid in certain areas related to classroom instruction.

While trying to equalize education in all areas of the State, Maryland is faced with a teacher shortage. Recently, an MSDE and State Board for Higher Education joint report predicted that over the next five years there will be a need for 9,000 more teachers; during the same time, the State's colleges will be producing only 3,150 teachers.[22] At the present time, shortages are especially critical in the areas of special education, foreign language, mathematics and science. In general, the shortages can be attributed to low pay, limited appeal, the broadening career interests of women, and retirement.

The State is working on several ways to recruit teachers. Currently, there is a college scholarship program for prospective teachers who plan to enter

Table 10: Average Cost Per Pupil in Maryland Public Schools, 1983-84 School Year, by Jurisdiction

State	$3,404		
Allegany	$2,882	Harford	$3,022
Anne Arundel	3,204	Howard	3,644
Baltimore City	2,885	Kent	3,245
Baltimore	4,018	Montgomery	4,560
Calvert	3,374	Prince George's	3,292
Caroline	2,619	Queen Anne's	3,174
Carroll	2,819	St. Mary's	3,060
Cecil	2,962	Somerset	2,812
Charles	2,860	Talbot	3,328
Dorchester	3,074	Washington	3,106
Frederick	2,955	Wicomico	2,918
Garrett	2,815	Worcester	3,673

SOURCE: Maryland State Department of Education, "Selected Education Statistics, 1984-85."

areas where there is a critical shortage. Consideration is also being given to recruiting retired military personnel and developing incentives that would encourage teachers who have left the field to return. A subcommittee of the Education Coordinating Committee, recently formed to look at ways to alleviate the shortage, has endorsed several measures including extending to all disciplines the scholarship program that is currently available only to students planning to teach in a field with a critical shortage.

At the same time that the State anticipates an overall teacher shortage within the next few years, teaching standards are being raised. This could further affect the shortage. In 1987, Maryland plans to require all new teachers to pass the National Teachers Examination, a test that measures basic skills, writing ability and knowledge of the subject area in which the teacher will be certified. However, other programs suggested by the subcommittee mentioned above (such as establishing "centers of excellence") may attract capable people to the teaching profession. The State must not only attract more teachers, but also ensure that its teachers are well prepared and adequately rewarded.

Future Directions

No other public system in Maryland has greater potential for helping and influencing children than the educational system. Often the public educational system has been blamed for the problems and failures of children. However, the public schools are also responsible for successes. The unique position of the public educational system is that it has the potential of serving every child and cannot pick and choose among them. This system cannot be expected to address, reduce, or alleviate all of society's problems. The system itself is in a constant state of flux, striving to reflect the needs of a changing world.

To improve the system, several suggestions for consideration follow:

- increase efforts, as resources permit, to ensure that every Maryland child has an equal opportunity to benefit from what the public school system has to offer;
- expand high quality preschool programs by first targeting all low-income, high-risk children;
- persist in efforts to identify handicapped children and adequately provide the range of services they require;
- develop and enhance incentives to attract and retain sufficient numbers of highly competent teachers;
- recognize and carry out the responsibility of schools to prepare students for the world of work whether or not a student has participated in the vocational education curriculum;
- in conjunction with the private sector, develop standards for teaching

employability skills that will assist students in the transition from school to work;

- develop and improve curricula that reflect the changing needs of children in today's society, e.g., child abuse prevention, family life education, alcohol and drug abuse prevention.

The issues surrounding education and employment are diverse and complex. There are no simple, ready-made solutions. The public school system must work in close partnership with students, parents, professionals, the community at large, and the private sector to ensure that every child receives an education that will lead to a productive, self-sufficient adult life.

Health and Mental Health

Background

- Over one-fifth of all births in Maryland are to mothers who have received no prenatal care in the first trimester of pregnancy.[1]
- In 1983, 7.8% of all births in Maryland resulted in a low-birth-weight baby.[2]
- In 1983, Maryland's infant mortality rate was 11.7 infant deaths per 1,000 live births.[3]
- It costs $380 annually in medical costs to care for a child who receives regular preventive care. It costs $640 annually to care for a child who has had no regular preventive care.[4]
- In Maryland, in 1980, 40% of poor children were not covered by Medicaid benefits.[5]
- Of the three million seriously disturbed children in this country, two-thirds are not getting the services they need. Countless others get inappropriate care.[6]
- In 1984-85, 4,093 children and adolescents aged 0-21 years were identified as emotionally disturbed in Maryland's schools.[7]
- Nationally, for every teenager who completes suicide, 50-100 others will make a serious attempt.[8]

"Good health in childhood is a prerequisite for a healthy and productive adult life. Children with chronic illnesses miss school, have altered interactions with their peers, and strain family resources. Illness in childhood can leave its mark for the rest of an individual's life: children with learning and behavior problems that go untreated are at greater risk of delinquency as teens; children with untreated ear infections may suffer long-term hearing loss; children who are not immunized may have crippling sequelae from common childhood diseases."[9]

Nationally, according to the Children's Defense Fund, less than half of all poor preschool children are immunized against diseases we know how to prevent, and the percentage of young children receiving immunizations is declining.[10] Immunization for children is extremely important and cost-effective. A Centers for Disease Control study shows that the $180 million spent over several years on a measles vaccination program saved $1.3 billion in medical care and long-term care by reducing deafness, retardation and other health problems.[11]

Once a child reaches adolescence, it is unlikely that the poor health practices established for them in their early years will improve. In addition, teens typically have poor nutritional habits which further increase their risk for illness.

The leading causes of death in childhood are related to potentially preventable conditions. Perinatal difficulties and birth defects are the two most frequent causes of death. Maryland's infant mortality rate (11.7 per 1,000 live births) is higher than the national average (10.9 per 1,000 live births). Yet, 26% of infant deaths are preventable. The incidence of prematurity and low-birth-weight births has been cut in half when adequate prenatal care has been provided. Prenatal care requires early and continuing regular medical care to monitor the progress of the developing baby as well as the mother's health. It also requires special attention toward nutritional intake, including supplementary vitamins when required, and adequate weight gain. Such care has reduced infant mortality rates by 20-25%, cut the rate of mental retardation in half, and reduced by 2 to 3 times the percent of high-risk infants suffering from definite abnormal physical or mental development. Because complications and poor outcomes are avoided, the need for expensive neonatal care services is reduced by 25% or more.[12] Routine prenatal care may cost as much as $1,500 over nine months. An infant lacking such care, born underweight and underdeveloped, can require intensive medical interventions averaging $1,000 per day.[13] Additionally, efforts must be taken to ensure that pregnant women abstain from smoking, taking drugs, and drinking alcohol. Many adolescent females are problem drinkers or substance abusers and, if they become pregnant, they jeopardize the health of their babies as well as their own.[14]

The mental health needs of our children and youth call for the same level of attention and commitment to care. Our society has become more complex, more competitive, more stressful--with a great deal of emphasis on achievement and success. Adolescents in particular are subject to peer pressure and the need for acceptance. In addition, the number of children living in poverty, the greater numbers of parenting teenagers and single parent families, and child abuse are all critical factors associated with increased disturbances in children and adolescents. Not surprisingly, a 1978 report by the President's Commission on Mental Health found that 5 to 15% of all children and adolescents (3 million to 9 million nationally) require some type of mental health service while 3% will require professional mental health treatment.[15]

In addition to environmental factors, physiological and biological factors play a role in determining whether or not a child will suffer from a mental illness. Such illnesses might range from phobias to schizophrenia to depression to suicidal thoughts. Youth exhibiting symptoms of a mental illness require expert diagnosis and treatment.

The wide variety of physical and mental needs points out the necessity for both targeted programs and comprehensive care.

Current State Involvement

Many programs of the Maryland Department of Health and Mental Hygiene

(DHMH) have a direct and positive impact on the health of children and youth, including those related to communicable and chronic diseases, maternal and child health, hereditary disorders, lead paint poisoning, and substance abuse. Children under 21 years of age who are eligible for Medicaid may also participate in the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT). (See Table 11 for enrollment figures in the Maryland Medical Assistance-Medicaid Program.) The objectives of this service are to encourage and facilitate preventive health care for children, so that illness or handicaps may be detected and treated at the earliest possible time in the child's life. These programs are described in Section III, Program Inventories. The following programs are worthy of special note.

The Improved Pregnancy Outcome (IPO) Program was implemented in eight selected Maryland counties in 1979. Funded primarily through the Maternal and Child Health Services Block Grant (Title V of the Social Security Act), its goals are to reduce infant mortality, improve perinatal services, decrease maternal morbidity, increase identification of high-risk mother/infant pairs, expand perinatal transport and regionalization, establish evaluation and follow-up, develop professional training, and extend multi-disciplined health services to selected areas of need. Other programs, such as Medicaid and a network of children's clinics, have helped reduce infant mortality, too.

As part of the Governor's Children and Youth Initiatives of 1985, a Better Babies program has been implemented in Baltimore City and Dorchester County to provide and promote better prenatal and neonatal care to those at-risk groups. Not coincidentally, those counties have an extremely high rate of teen preg-

Table 11: Enrollment of Children and Youth in Maryland Medical Assistance-Medicaid, July 1985, by Jurisdiction

	UNDER 6 YEARS	6-20 YEARS		UNDER 6 YEARS	6-20 YEARS
State	65,879	97,421			
Allegany	1,394	2,082	Harford	1,293	1,871
Anne Arundel	3,013	4,165	Howard	379	543
Baltimore City	36,922	55,394	Kent	157	248
Baltimore	3,818	5,611	Montgomery	2,910	4,449
Calvert	425	721	Prince George's	6,844	9,700
Caroline	305	447	Queen Anne's	278	423
Carroll	474	618	St. Mary's	661	991
Cecil	839	1,308	Somerset	385	556
Charles	1,012	1,496	Talbot	273	375
Dorchester	540	794	Washington	1,234	1,889
Frederick	758	1,089	Wicomico	1,062	1,370
Garrett	458	722	Worcester	445	559

SOURCE: Maryland Department of Health & Mental Hygiene, Preventive Medicine Administration, Office of Infant, Child, & Adolescent Health Services, 7/85.

nancy. Pregnant teens are notorious for their delays in seeking prenatal care and consequently often give birth to infants requiring specialized services. A more detailed discussion of this program can be found in the chapter on Teen Pregnancy.

Another of the Governor's Children and Youth Initiatives to receive funding was entitled "Child Health Oversight." It was conceived, and is being designed, to promote the health of children in child care centers. Nationally, 41 percent of mothers with children less than one year of age are in the work force. About half of these mothers place their children in child care settings, which have become a new focus of public health concern for communicable diseases.[16] The State currently has no regulations covering health standards for infant child care and no infectious disease surveillance system for the centers. In addition to a high rate of exposure to infectious agents, infants and young children are particularly susceptible to infectious diseases because of incomplete immunizations, immature immune systems, and the need for diapering. Funds are being used to hire an additional staff person for the Division of Child Day Care Licensing and Consultation. This individual will be responsible for:

- implementing a disease surveillance system (already being piloted by DHMH's Division of Communicable Diseases in 20 child day care centers);
- training child day care providers about disease surveillance (and child abuse prevention and recognition);
- organizing and conducting regional conferences for child health and day care providers on infectious disease control.

State law mandates that each local board of education, in cooperation with the local health department, provide a school health program addressing three components: school health services, a healthful school environment, and health education. Traditionally, school health services in Maryland have consisted primarily of screening, referral, and follow-up of identified problems. In a school health survey conducted jointly by DHMH and the Maryland State Department of Education (MSDE), the results of which were reported in July 1985, it was found that there is a great variance in the provision of these services. The range varies from counties with no on-site nursing coverage to one county with four days per week coverage in each school.

In the survey, each local health department and each local school district was requested to name the most significant problems. The major identified problem was the lack of medically trained personnel in the schools. Other top concerns were communicable diseases, sexuality, minor illnesses, medication, inadequate support services for the handicapped, substance abuse and minimal health education. These problem areas should be addressed.

One finding of the survey that substantiates the fact that children in Maryland are not receiving adequate health care is that only 58% of Maryland's children entering kindergarten and 38% of those new entrants to other grades have documentation of a recent physical examination.[17]

"School health programs have been shown to be effective means of delivering preventive and supportive medical care to children--in some settings they have proven to be superior to services provided by traditional providers. Yet,

school health programs in Maryland vary greatly from county to county, with some systems having only crisis coverage."[18] Comprehensive health services for adolescents must be considered a priority and those services, in order to be accessible and appropriate, must be school-based. In the United States, there are currently thirty-two existing school-based health service programs. Services offered include: physical exams for sports; general health assessments; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); nutrition and weight management programs; drug and substance abuse programs; individual and family counseling; comprehensive reproductive health services; and dental services. Based on a careful study of these programs, the Governor's Task Force on Teen Pregnancy has recommended that DHMH and MSDE develop a plan for a network of comprehensive school-based health programs. Such programs will give increasing recognition to positive health behavior and can lead to lifelong benefits.

Attention to mental health is as important as attention to physical health. The provision of mental health services in Maryland is primarily the responsibility of the Mental Hygiene Administration (MHA) of DHMH. These services basically fall into two categories: nonresidential and residential. In this report, a discussion of residential services can be found in the chapter on Out-of-Home Care. Nonresidential services include early intervention efforts such as therapeutic nurseries, which provide assessment, diagnosis and treatment for both children and families, and the MSDE-funded Child Find effort, which provides early identification of problems. The availability of services in Maryland varies greatly between jurisdictions, and because other state and private agencies contribute to the inventory of services, they may not always be coordinated. Outpatient mental health clinics, as part of the Community Mental Health Center Network, account for the majority of the funds provided for nonresidential services in Maryland. In FY '84, 4,715 children and adolescents aged 0-17 were seen in these centers--22.5% of the total population seen.[19] (See Table 12.)

Future Directions

Many effective health care services already exist. The problem is that too often the people in need of those services do not receive them. The issue, therefore, is one of helping people gain access to, and appropriately utilize, health care services.[20]

While some preventive health services exist for some poor children, low-income families not eligible for Medicaid can receive similar services only by paying for them out-of-pocket. In addition, there is a significant lack of ambulatory (nonhospital) care. Given the effectiveness of these prevention services, DHMH should be urged to explore funding for programs for pregnant women and for children age 0-5 in the "grey area" of the population--those who are living on incomes up to 150% of the poverty level. "Such a program could be administered through the Maryland Medical Assistance Program, which already administers the Medicaid Program as well as state-funded programs such as the Pharmacy Assistance Program."[21]

Other specific recommendations for future consideration include:

Table 12: Number and Percentage of Minors Admitted to Maryland Community Mental Health Centers, FY '84, by Jurisdiction

	# ALL AGES	# UNDER AGE 18	% UNDER AGE 18
State	21,001	4,715	22.5%
Allegany	698	238	34.1%
Anne Arundel	946	216	22.8%
Baltimore City	6,524	1,346	20.6%
Baltimore	3,516	539	15.3%
Calvert	331	91	27.5%
Caroline	210	67	31.9%
Carroll	739	188	25.4%
Cecil	501	167	33.3%
Charles	347	71	20.5%
Dorchester	237	64	27.0%
Frederick	603	176	29.2%
Garrett	288	67	23.3%
Harford	566	135	23.9%
Howard	249	20	8.0%
Kent	306	67	21.9%
Montgomery	1,354	311	23.0%
Prince George's	1,146	388	33.9%
Queen Anne's	226	69	30.5%
St. Mary's	215	17	7.9%
Somerset	142	47	33.1%
Talbot	351	62	17.7%
Washington	555	139	25.0%
Wicomico	598	179	29.9%
Worcester	353	51	14.4%

SOURCE: Maryland Department of Health & Mental Hygiene, Form 500 Admissions, FY '84.

- striving to create a complete range of mental health services for youth and their families in their own homes; in specialized foster homes, therapeutic group homes and residential treatment centers; and in hospitals;

- developing more alternatives to restrictive institutional care, such as respite care for families of disturbed youngsters, and acute, intensive care based in the community (e.g., a therapeutic family) to provide a cooling-off period without the necessity of hospitalization (also see the discussion of the Interagency Plan for Children in the chapter on Out-of-Home-Care);

- developing early intervention programs for families and infants at high risk for mental health problems, perhaps in conjunction with other prevention programs (such as family support centers, school-based health clinics, well-baby clinics, and child care programs);

- promoting a required course on mental health in the schools, with sections on stress, burnout, coping skills, problem solving, etc.;

- making available "gap filling" money on a competitive basis to local health departments, a mechanism already utilized in other circumstances to tap local ingenuity in packaging resources;

- educating the public about the importance of preventive health and mental health care, so that people will realize that early and appropriate care not only is a humane policy toward the State's children, but also can save much of the State's resources.

Unless we provide the full range of services needed for children's health care now, their care will consume a larger and larger amount of the State's funds in the future. For example, if disturbed children's needs are not met, they may require long-term mental health care and may move into the adult mental health system or the corrections system. Surely the task of providing adequate and appropriate services is not an easy one, but it must be undertaken.

Juvenile Justice and Runaways

Background

- In Maryland, there were 37,556 cases handled by the Juvenile Services Administration (JSA) in FY '83 and 37,084 in FY '84.[1]

- In FY '84, of the 37,084 cases handled by JSA, 32,942 were delinquent; 2,703 were CINS (Children in Need of Supervision); 1,439 were CINA (Children in Need of Assistance).[2] (See Figure 5.)

- Over 16,000 cases in FY '84 were formally referred to a State's Attorney; nearly 2,000 (9%) were actually committed to JSA of which 1,207 were committed to a JSA institution.[3] (See Figure 6 and Table 13.)

- Of 492 juveniles surveyed in JSA institutions or aftercare (one-third of their total population), 96% reported behavioral, psychological or emotional problems.[4]

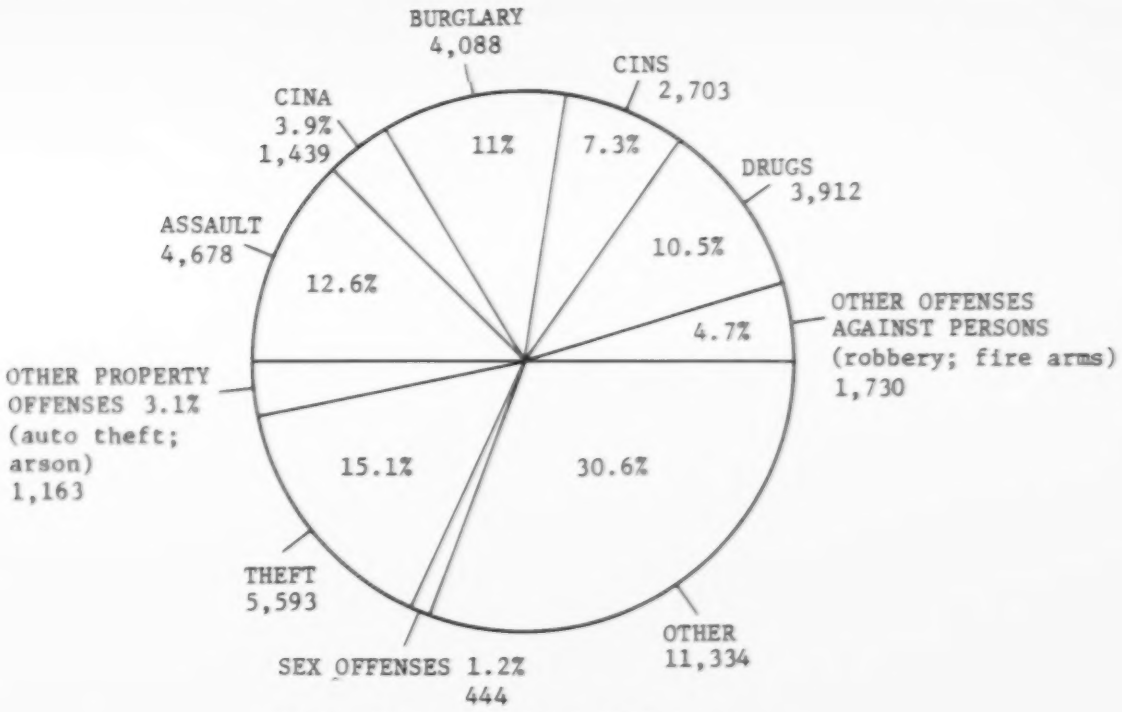
- It is estimated that up to 30,000 youngsters in Maryland, aged 10-18, are runaways, throwaways, or otherwise homeless; there were 2,057 police apprehensions of runaways in 1984.[5]

- In FY '85, Maryland's four runaway youth shelters reported serving 965 youth for 5,669 shelter days;[6] of these youth, 270 were runaways, 242 were throwaways, 136 were homeless, and 188 had left home by mutual agreement.[7]

Statistics generally indicate a decrease in the number of juveniles referred to JSA of the Maryland Department of Health and Mental Hygiene (DHMH). However, the severity of their offenses and related problems continues to increase,[8] and the number of cases in which charges are formalized (forwarded to a State's Attorney) increased 21% from FY '80-'84.[9] Although the adolescent population is now in decline, the current baby boom will again increase the population within several years. In the meantime, it is necessary to study the prevention and treatment needs of juveniles already known to the agencies. These children fall into several categories.

Runaways are youngsters as young as ten who leave home voluntarily or who are "thrown away." Voluntary runaways often leave home situations that have become intolerable. Parents may be physically, sexually, and/or psychologically abusing the child. The parents may also be chemically dependent--constantly drunk or high. It is estimated that only one in four runaways is actually counted because the majority do not come in contact with police (e.g., through arrests) or other authorities.

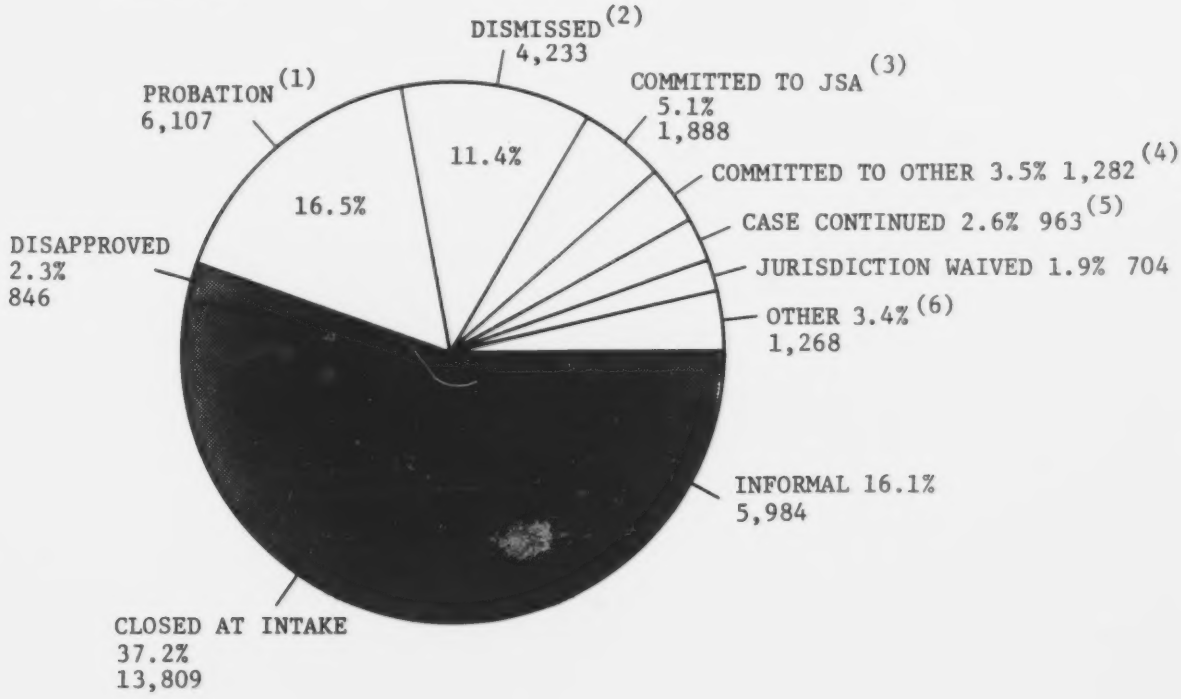
Figure 5: Referrals of Youth to Maryland Juvenile Services Administration, FY '84, by Major Reasons and Percentage



JSA handled a total of 37,084 cases.

SOURCE: Maryland Department of Health & Mental Hygiene, Juvenile Services Administration, FY '84 Report, Table 14.

Figure 6: Referrals of Youth to Maryland Juvenile Services Administration, FY '84, by Disposition and Percentage



UNSHADED AREAS refer to those cases (16,445) formally referred to a State's Attorney.

SHADED AREAS refer to those cases (20,639) handled by JSA without formal referral to a State's Attorney.

JSA handled a total of 37,084 cases.

(1) PROBATION also includes Probation to Parent.
(2) DISMISSED also includes Dismissed by State's Attorney.
(3) COMMITTED TO JSA includes JSA Institutions, Youth Centers, JSA Placement, JSA Protective Supervision.
(4) COMMITTED/PLACED OTHER includes DSS, Group Home Placements, Psychiatirc Hospital, DHMH, Group Home Setting, Foster Care, Residential Treatment Center, Protective Services DSS.
(5) CASE CONTINUED also includes Nol-Pros (not prosecuted), STET (no action by judge).
(6) OTHER includes Conduct Future Investigations, Closed/Assigned Court Order, Custody Awarded, Inter-Region Courtesy, Inter-State Courtesy, Petition Withdrawn, Referred to Diversion Program, Restitution or Fine, Returned Home, Referral Rejected, Suspended Sentence, Terminated, Transfer to/from Other Source, Other.

SOURCE: Maryland Department of Health & Mental Hygiene, Juvenile Services Administration, FY '84 Report, Table 8.

The "throwaway" phenomenon occurs when parents, family, or substitute family literally push the child out of the home, clearly intending not to allow him or her back. The child may be disruptive, not doing well in school, chronically truant, using or abusing drugs, or simply unwanted.

Many of the same problems occurring with runaway children are evident in other so-called CINS youth. Children in Need of Supervision are youngsters who act out through truancy, running away, or being disruptive (ungovernable). Their acts, if committed by adults, would not be considered crimes. For instance, the youngster who is chronically truant requires remediation, as does an ungovernable child. Without the cooperation of the family, it is often difficult to remediate either situation. Without some mechanism to keep the children in one place, it is often hard to begin any kind of long-term treatment.

Several critical issues affect the juvenile justice system and the children who come in contact with it. Use and abuse of drugs and alcohol and related treatment needs are important concerns. According to a JSA survey, 29% of youngsters in institutions or aftercare have problems of drug abuse, and 23% have problems of alcohol abuse.[10] In addition, 16% of youth in community-based programs list drug abuse as a problem; 15% list alcohol abuse.[11] These youngsters require both long- and short-term attention while they are in JSA's care.

More and more children are entering the juvenile justice system with mental health problems. The capability of JSA to deal with these problems must be assessed, along with the severity of each problem, on a case-by-case basis.

Among runaways in FY '85, 104 had a history of psychiatric hospitalization, 536 had previously been in therapy or counseling, and 10 had been emotionally abused.[12] A 1984 survey revealed that 20% of institutionalized youth[13] and 16% of youth in community settings[14] had some suicidal incidence (attempts, gestures, thoughts). At the same time, 76% of institutionalized youth[15] and 67% of juveniles in community placements[16] have noted a need for psychological care.

An additional concern is the use of institutional care rather than community-based alternatives. A disproportionate number of juveniles are being committed to institutions as opposed to less restrictive community settings. The majority of the commitments are from Baltimore City and are minority; more juveniles from other jurisdictions go to the youth centers and are white. There is a need for more youth service bureaus, youth centers, and similar programs.

Current State Involvement

In Maryland, JSA funds a wide variety of services, both for juveniles referred to, and for those committed to, programs. These services range from primary prevention efforts to institutional care.

The Positive Youth Development Network (PYDN), partially funded by JSA, provides technical assistance to communities that wish to create a healthy environment for their children. Examples of PYDN projects exist in Prince George's County, Worcester County, Cecil County, and Baltimore City. In addition to

these prevention programs, JSA funds twenty Youth Service Bureaus across the state. They provide community education, resources for schools, counseling, referrals, and drop-in activities. They serve 30,000 youth aged 7-17 annually and could potentially serve 40,000.[17]

A continuing prevention focus is also found in four runaway shelters, also partially funded by JSA. They provide shelter, emergency services and counseling that works towards family reunification. Overall, these programs are 84% effective in returning runaway, throwaway or otherwise homeless youth to their homes or to acceptable alternative environments.[18]

The Governor's Juvenile Justice Advisory Council receives $600,000 in federal funds which it grants to state agencies and local communities for a variety of programs including delinquency prevention and specialized programs for the abused, victims, sex offenders, etc. The Council also acts as an advocate for youth in the juvenile justice system.

Institutional care is provided primarily in youth centers and in the Montrose and Charles H. Hickey, Jr. Schools. The size and appropriateness of existing institutions must be considered. Both the Hickey and Montrose Schools exceed national standards in total size and in size of living units. Appropriate education, including special education, vocational training, and therapeutic interventions, is too often missing. The tracking system makes it difficult to determine the recidivism rate. There are complaints that after-care and follow-up upon release are inconsistent or nonexistent.

While the majority of juveniles referred to JSA are not referred to a State's Attorney and are "helped without ever going to an institution [and]--in fact, . . . may never enter the system again, [the focus is often on those juveniles who formally enter the system.] However, there is a small percentage of youth--about 4%--that require the majority of JSA's resources."[19] Most youngsters are referred to community programs, including social restitution, community arbitration, diversion, and others.

DHMH, at the request of the General Assembly, has taken a critical look at this wide-ranging delivery system to determine what improvements can be made and how best to implement them. The DHMH Secretary, in her report to the Maryland House of Delegates' Appropriations Subcommittee on Education and Human Resources (November 6, 1985), outlined initiatives for JSA that would make dramatic changes in its administration and operation.

Costing approximately $9.05 million over the next three years, this plan calls for 1) ongoing assessments and evaluations of juveniles in the system now and of those entering it to ascertain the most appropriate placement and treatment modality, including assessment for psychological and drug/alcohol treatment needs; 2) reduction of the population at the Hickey and Montrose Schools to comply with national standards, to be accomplished in part by placement of 100 juveniles in the Glen Mills School in Pennsylvania; 3) increased community placements; 4) increased front line staff at the Hickey School to reduce student-to-staff ratios and provision of more specialized treatment staff; and 5) implementation of a modern, automated information system for tracking, after-care and planning purposes.

Table 13: Number of Cases Formally Referred to a State's Attorney by Maryland Juvenile Services Administration, FY '84, by Disposition and Jurisdiction

	PROBATION(1)	DISMISSED(2)	COMMITTED TO JSA(3)	COMMITTED/ PLACED OTHER(4)	CASE CONTINUED (5)	JURISDICTION WAIVED	OTHER(6)	TOTAL FORMAL
State	6,107	4,233	1,888	1,282	963	704	1,268	16,445
Allegany	102	12	25	42	0	2	61	244
Anne Arundel	782	399	123	184	140	23	70	1,721
Baltimore City	2,051	2,290	1,034	588	4	356	150	6,473
Baltimore	702	276	128	2	306	89	97	1,600
Calvert	40	34	11	44	28	1	15	173
Caroline	12	13	7	5	7	3	3	50
Carroll	94	9	22	5	91	1	36	258
Cecil	44	141	40	10	6	39	40	320
Charles	155	17	39	45	28	18	53	355
Dorchester	28	16	4	10	0	15	6	79
Frederick	172	95	41	13	0	0	22	343
Garrett	31	8	12	7	0	3	27	88
Harford	241	99	53	38	17	9	44	501
Howard	138	41	37	7	56	5	43	327
Kent	6	12	3	3	0	6	0	30
Montgomery	274	230	68	8	5	16	40	641
Prince George's	942	444	85	191	248	67	478	2,455
Queen Anne's	5	2	5	2	4	0	1	19
St. Mary's	19	3	9	11	10	0	19	71
Somerset	13	1	2	1	0	9	1	27
Talbot	36	7	19	5	4	1	5	77
Washington	126	30	100	49	3	10	12	330
Wicomico	48	8	17	1	2	8	26	110
Worcester	45	46	4	11	4	23	9	142
OUT OF STATE	1						10	11

(1) Also includes Probation to Parent.
(2) Also includes Dismissed by State s Attorney.
(3) Includes JSA Institutions, Youth Centers, JSA Placement, JSA Protective Supervision.
(4) Includes DSS, Group Home Placements, Psychiatric Hospital, DHMH, Group Home Setting, Foster Care, Residential Treatment Center, Protective Services DSS.
(5) Also includes Nol-Pros (not prosecuted), STET (no action by judge).
(6) Includes Conduct Future Investigations, Closed/Assigned Court Order, Custody.Awarded, Inter-region Courtesy, Inter-state Courtesy, Petition Withdrawn, Referred to Diversion Program, Restitution or Fine, Returned Home, Referral Rejected, Suspended Sentence, Terminated, Transfer to/from Other Source, Other.

SOURCE: Maryland Department of Health & Mental Hygiene, Juvenile Services Administration, Disposition by County & Region, FY '84.

These plans are ambitious, necessary, and costly: in order to fix any part of the system, the whole must be considered. Many issues raised in the background discussion would be affected by such changes.

Future Directions

The proposed DHMH initiatives for JSA appear to go a long way in remediating many of the problems with today's system. Careful consideration, coordinated planning, and firm resolve are required if, indeed, these plans are to succeed.

In addition, focus is needed on the following issues:

- using, wherever appropriate, interagency involvement (e.g., drug/alcohol prevention and treatment responsibilities should be shared between the Drug Abuse Administration [DAA], Alcoholism Control Administration [ACA], and JSA; and mental health assessment, evaluation, and therapy responsibilities should be exchanged with the Mental Hygiene Administration [MHA]);

- using an out-of-state institution for placement of juveniles only when necessary and effective, and developing (both by the State and by private providers) new, appropriate Maryland facilities, in keeping with Maryland's philosophy of providing the least restrictive environment;

- improving the educational requirements of JSA workers, and their pre-service and in-service training, salaries, and access to community resources, in order to ensure effective work with juveniles and their families.

Lastly, a great deal of education for the community, advocates, parents, professionals, the courts and legislators is mandatory. The juvenile offender--whether the offense is minor and a first, or major and the twentieth--is complex, has a great many needs and requires more individual attention than usually available. If these initiatives are to succeed, communities must have sufficient information to become supporters, not detractors: to understand the difference between incarceration and remediation.

Nutrition

Background

- Every dollar spent on the federal Special Supplemental Food Program for Women, Infants and Children (WIC) saves $3.00 in future medical costs for low-birth-weight babies requiring extended hospitalization.[1]

- WIC is not an entitlement program, and with its allocation, Maryland serves 44.6% of eligibles; 59,700 pregnant women, infants and children are eligible and are not receiving benefits.[2]

- Studies have shown that the School Breakfast Program plays a critical role in ensuring an adequate diet that enables school youngsters to grow and learn, particularly for younger and lower-income children. Among children in Maryland approved for free school meals, only 24% participate in the School Breakfast Program and 79% in the School Lunch Program, and among those approved for reduced-price meals, only 5% participate in School Breakfast and 59% in School Lunch.[3]

- In Maryland, more than one third of the estimated Food Stamp eligible population, including some 75,000 children, does not receive benefits.[4]

- Nutritional problems are directly linked to poverty; 65% of welfare grant recipients are children--more than 124,000 in Maryland.[5]

The federal poverty level is frequently used as a measure of those who are at risk of hunger or malnutrition. There is, by definition, a link between hunger and poverty.

In 1965, the poverty level formula was developed by combining 1955 USDA data showing that the average family spent one third of its income on food and a 1961 study showing how little that families could spend on food and still meet federally set nutrition standards. The resulting food budget, multiplied by three, established the official poverty level. USDA itself describes this food budget as "designed for short-term use when funds are extremely low." This also means that the "near-poor," with usually unstable incomes close to poverty level, can also reasonably be seen to be "at risk" for hunger. The FY '86 poverty level is $10,900/year for a family of four. In Maryland, approximately 700,000 people fall at or near this income level; approximately one in three of them are children.[6]

With 700,000 Marylanders now living near or below the poverty level, the need to identify and address hunger and malnutrition has never been more critical. These numbers represent citizens of all ages, the unemployed and the underemployed, and the rural as well as the urban dweller.

Current State Involvement

During the 1970s, the federal government used--with great success--existing food programs to respond to widespread hunger and malnutrition across America.

The federal School Lunch Program (SLP) was established in 1946 to safeguard the health and well-being of the nation's children. The School Breakfast Program (SBP) furthered this objective. Maryland is one of only six states to offer the SLP in all public schools and the SBP in all schools where there is a severe need. School Breakfast, therefore, is offered by only 62% of public schools.[7] The Program is also available in private nonprofit schools with average annual tuition under $1,500. Meals are offered in the full-price, reduced-price, and free categories, depending on household income.

Schools with an SBP report better attendance, better classroom behavior, and fewer complaints to the school nurse, while the SLP contributes a significant portion of nutrients to the diets of low-income children.

When prices increased 20 cents per meal due to federal cuts in 1981, participation dropped 75.1% for reduced-price breakfasts and 41.6% for reduced-price lunches. The 1984-85 school year participation among the 177,000 children approved for reduced-price and free meals is 59% and 79% respectively for lunch, but only 5% and 24% for breakfast.[8] According to national studies, meal price is the factor most closely associated with school meal participation.[9]

The Special Supplemental Food Program for Women, Infants & Children (WIC) is a federal program that provides prescriptive food packages high in protein and iron; clinical services; and nutrition education to low-income pregnant and nursing women, infants, and children under age 5. Recipients must be determined by a qualified professional to be at nutritional risk and have a household income below 185% of poverty (less than $1,680/month for a family of four).

In 1984, some 44% of Maryland's 108,000 eligibles received WIC benefits.[10] Once the site for a pilot program that became the model for the national program, Maryland WIC has suffered in recent years from large swings in participation, the return of unspent federal funds, and computer and accountability problems. Due to federal accountability requirements, Home Delivery Project areas were recently converted to more frequent voucher pick-up. This may result in an initial decrease in participation which, if continued, could have a negative impact on the program's future funding level in Maryland.

The federal Food Stamp Program is another effort intended to help low-income families obtain adequate nutrition. Stamps can be used to purchase food items only. Eligibility is based on household size, gross income at no more than 130% of poverty level, and net income at no more than poverty level. It is estimated that one of every two recipients in Maryland is a child, receiving an average benefit of 58 cents per meal.[11]

While the need for food stamps has increased in recent years, tightened eligibility rules and other barriers to participation have kept program enrollment down. Some 62% of Maryland's estimated eligible population receive benefits, with wide variations in participation among jurisdictions.[12] (See Table 14.) The State has agreed to undertake an Outreach Program to raise participation in this Program.

Table 14: Number of Households and Individuals Participating in Maryland Food Stamp Program, FY '85, by Jurisdiction

	HOUSEHOLDS	INDIVIDUALS		HOUSEHOLDS	INDIVIDUALS
State	114,935	285,072			
Allegany	3,249	8,629	Harford	2,333	6,289
Anne Arundel	4,376	10,970	Howard	750	1,785
Baltimore City	66,794	160,546	Kent	428	968
Baltimore	6,714	16,008	Montgomery	5,092	11,885
Calvert	717	2,191	Prince George's	8,257	22,539
Caroline	705	1,751	Queen Anne's	498	1,305
Carroll	744	1,905	St. Mary's	960	2,882
Cecil	1,490	4,142	Somerset	847	2,333
Charles	1,620	4,602	Talbot	514	1,257
Dorchester	996	2,321	Washington	2,684	7,305
Frederick	1,373	3,635	Wicomico	2,236	5,320
Garrett	947	2,969	Worcester	611	1,535

SOURCE: Maryland Department of Health & Mental Hygiene, Income Maintenance Administration, "Annualized Statistical Report FY '85."

Future Directions

The State of Maryland can, in partnership with volunteer efforts and the federal government, provide adequate food--with dignity--to all needy citizens.

Protecting federal entitlement programs such as Food Stamps and School Meals from further cutbacks and ensuring adequate funding for capped programs such as WIC is, therefore, a necessary starting place. It is equally important to oppose federal efforts to redefine nutritional need by lowering the Recommended Dietary Allowances on which school meals are based. Both are back-door efforts aimed at cutting nutrition program funds.

At the state level, active pursuit of maximum participation in the School Meals and Food Stamp programs and maximum use of WIC nutrition dollars must be continued. Specific objectives include:

- studying the feasibility of offering the School Breakfast Program in all public schools;
- increasing the participation of needy children in the school meals programs (a lower school meal cost in the reduced-price category might be one way to do this);
- implementing the Food Stamp Outreach plan on an ongoing basis;
- stabilizing the WIC caseload, assisting counties with below-average enrollment, and developing an annual projection for each program category to help avoid extreme fluctuations in the caseload.

While the State can take the above steps in the immediate future to improve the nutritional status of Marylanders, other steps should be taken to assure sustained and informed attention to this area of health:

- instituting a nutrition monitoring system to provide the much-needed data for identifying problem areas and prioritizing hard-pressed resources;

- developing a cross-agency needs assessment and planning process, used in conjunction with a federal opportunity for plan reform, to provide the basis for informed decisions on allocating scarce state resources.

These and a variety of other recommendations are being developed by the Governor's Task Force on Food and Nutrition. The Task Force interim report was released in November 1984, with final recommendations released in late 1985.[13]

Maryland has at hand the opportunity to pioneer in the development of a state food policy by using a proven method of intergovernmental planning reform. The legacy of such a policy is sure to be the improved health and quality of life of the State's most vital resource--its people.

Out-of-Home Care

Background

- Nationally, it costs approximately $4,000 a year to maintain a child in a foster family home and $16,000 or more to maintain a child in an institution. It costs approximately $2,300 to provide the special services necessary to keep a child at home with his or her family.[1]

- In October 1985, 5,397 children were in foster care in Maryland.[2] (See Table 15.)

- 54% of Maryland's foster care population are aged 13 and above.[3]

- In Maryland, 251 children with a plan of adoption are legally free;[4] 650 children with a plan of adoption are not yet legally free;[5]

- Over 50% of special needs children in Maryland in need of adoptive families are black; at the same time, only about 25% of the approved adoptive families are black.[6]

- In FY '83, of 648 Maryland children served out-of-home by the Mental Retardation and Developmental Disabilities Administration (MRDDA), 499 were in state residential centers;[7] 170 (34%) of these 499 do not require residential care.[8]

- In FY '85, the Maryland State Department of Education (MSDE) reported 1,735 children in out-of-home placements (level VI and level VII).[9]

- 276 Maryland children under 18 were placed in Mental Hygiene Administration (MHA) facilities in FY '83 (residential and in-patient hospital placements.)[10]

- In 1983, the Maryland Association of Residential Facilities for Youth reported nearly 450 Maryland children per year being placed out-of-state at costs averaging $18,000 per year per child--$6,000 more per child than in-state placements.[11]

- Of 209 Maryland children identified by MHA as needing a therapeutic group home,[12] roughly 12 are now in out-of-state placements; 82 are in other restrictive placements.[13]

Children are removed from their families, made the responsibility of public child care systems, and placed in out-of-home care settings for various reasons. Out-of-home care settings include foster homes, group homes, residential treatment centers, special schools, and child care institutions. Some of these chil-

dren have special needs resulting from physical, mental, or emotional handicaps; some have been involved with the juvenile court*; others have families in which pressures to cope are too immense and, at their families' requests, are removed from their homes; and, still others have abusive or neglectful parents.

Five major systems have responsibility for children in out-of-home care--child welfare, juvenile justice*, mental health, mental retardation/developmental disabilities, and special education. Each of these systems places children, pays for their care, and makes critical decisions about what happens to them.

In theory, each system responds to children with needs specific to the competencies of that system (e.g., children who have been abused or neglected fall under the child welfare system, children with emotional problems are the responsibility of systems for the mentally ill, and children with educational handicaps fall under the jurisdiction of the education system). In reality, the needs of many children entering the different systems are overlapping. However, the systems are not always well coordinated. Children with multiple needs may not receive all the services they require. In the worst cases, children are shuffled from one system to another with no one system having responsibility for the child.

Several federal laws address the needs of children in out-of-home care. Generally, these laws provide certain safeguards for children, encourage the provision of services to enable children to remain in their homes or in the least restrictive setting, and require states to implement certain initiatives as a condition of receiving federal funds.

The Adoption Assistance and Child Welfare Act of 1980 focused on reducing the number of children entering foster care and reducing the length of time children remain in foster care. Therefore, permanency planning has become the primary focus for child welfare services. Children should either be reunited with their natural family or provided a permanent adoptive home.

The Education for All Handicapped Children Act of 1975 was created to ensure that all handicapped children receive the free and appropriate public education to which they are entitled in the least restrictive setting.

Three other federal laws address the specific rights of citizens with handicaps--P.L. 95-602, Title V, the Developmental Disabilities Amendments of 1978; P.L. 91-517, the Developmental Disabilities (DD) Services and Facilities Construction Act of 1970; and P.L. 93-112, Title 5, Section 504, The Rehabilitation Act of 1973. Various provisions of these laws define developmental disabilities and set forth the requirement for services. Special emphasis is given to assisting handicapped persons to remain in their own homes and communities to live as normally as possible.

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*This chapter does not address out-of-home care resulting from the juvenile justice system; please refer to the chapter on Juvenile Justice and Runaways.

Current State Involvement

Maryland's children in out-of-home care "are served by multiple State agencies. Depending upon a child's specific needs, the Department of Human Resources (through the Social Services Administration), the Department of Health and Mental Hygiene (through the Mental Hygiene Administration or Mental Retardation and Developmental Disabilities Administration), or the Department of Education (through its division of Special Education and other divisions)--or a combination of these--may provide services.

"At present, each of these agencies develops future plans for serving children. Many of these plans incorporate similar principles or directions. For example:

- All agencies are seeking to provide residential care only to those children for whom it is appropriate;
- All agencies are attempting to develop community-based services so that children can be served in the least restrictive environment; and
- All agencies are striving to develop a wider continuum of resources so that children's needs can be better matched with available programs."[14]

Foster Care

The Maryland Department of Human Resources (DHR), through its Social Services Administration (SSA), administers the Foster Care and Adoption Services Programs. Services are delivered by local departments of social services. Foster care programs serve children who have been removed from their homes because they are abused, neglected, abandoned, dependent, or at high risk for abuse and neglect due to family disruption and dysfunction.

Foster care is designed to be a short-term service in a foster family home, group facility or semi-independent living arrangement. With a goal of enhanced permanency planning for children, Maryland has achieved substantial results in its efforts to address the needs of those in foster care, such as markedly reduced case loads, children remaining in care for shorter periods of time, and an increasing number of children being reunited with their families or placed in adoptive homes. In particular, "an 18-month reunification project, completed in the spring of this year [1985], reached its goal of reuniting 600 children in foster care with their natural families . . . [and] demonstrated that many children in care can be returned to their families."[15]

However, successful reunification efforts and preplacement prevention strategies mean that the children now left in foster care have more severe physical or mental health problems. These changing characteristics of the State's foster care population have necessitated re-examination of the program and extensive changes both in the structure and delivery of services.

In August 1984, the Secretary of DHR announced a comprehensive series of initiatives to strengthen the Maryland foster care system. Initiatives under that plan include expansion of both pre-service and continuing training for foster parents, expansion of staff training, development of a foster care

monitoring unit at SSA to assist local departments, and a statewide review of every foster home to ensure that all foster children are living in safe, healthy environments.

DHR's plan also called for an increase in foster care staff and foster families' board rates. The 1985 General Assembly, as part of the Governor's Children and Youth Initiatives, approved funding for eighty additional foster care staff and a rate increase for foster care providers. The rate increase is a first step in moving the State closer to reimbursing the actual costs of care. It recognizes the increased responsibility and partnership role being required of foster parents. FY '86 rates are $193.00 per month for infants and children through age 5, $211.00 for children aged 6 to 11 years, and $220.00 for adolescents. Special care rates range from $211.00 to $337.00 per month depending on the age of the child.

Also, the General Assembly approved funds to develop several pilot programs for specialized foster care for children who would otherwise be institutionalized. These projects, announced in the fall of 1985 and administered by local departments of social services (except for one by a private agency), are targeting children with special needs due to mental retardation, emotional disturbance, and other handicapping conditions.

Foster care review boards (FCRBs), composed of citizens, review the cases of all children who have been in foster care six months or longer every six months to determine what efforts are being made to achieve a stable, permanent home for each child. These boards, established by Maryland law in 1978, work hard to improve coordination between workers and the various agencies that share responsibility for the same child. FCRBs have made a significant positive impact on Maryland's foster care system.

Table 15: Number of Children in Foster Care in Maryland, October 1985, by Jurisdiction

State	5,397		
Allegany	75	Harford	171
Anne Arundel	338	Howard	62
Baltimore City	2,779	Kent	5
Baltimore	359	Montgomery	352
Calvert	63	Prince George's	486
Caroline	12	Queen Anne's	20
Carroll	90	St. Mary's	35
Cecil	109	Somerset	15
Charles	89	Talbot	17
Dorchester	51	Washington	84
Frederick	77	Wicomico	46
Garrett	23	Worcester	39

SOURCE: Maryland Department of Human Resources, Social Services Administration, Foster Care Inventory,10/85.

Adoption

The primary purpose of the Adoption Services Program is to provide a permanent family for any child who cannot be reunited with his or her natural family. (See Table 16.) Most children available for adoption today have very special needs. Healthy infants and toddlers are increasingly unavailable for adoption. The continuing emphasis on permanency planning for children in foster care further limits the pool of potential adoptees. "Special needs children include minority and older children, sibling groups and children with physical or emotional handicaps."[16] Adoption services involve recruitment and assessment of adoptive families, study and evaluation of the children and their needs, preparation of children and families for adoption placement, and pre- and post-adoption services.

Children with specialized needs awaiting adoption require more extensive services in planning for adoptive families. Maryland has a subsidized adoption program that was developed to remove some of the financial disincentives to adopting special needs children. (Extraordinary expenses associated with caring for special needs children are often a barrier to their adoption.) Permanent adoptive homes are being found for special needs children: as a result of the subsidized program, over 1,400 children have been placed with adoptive families--nearly a 100% increase since FY '82.[17]

Recruitment of adoptive families is done through several programs: the Maryland Adoption Resource Exchange (MARE), Wednesday's Child, and the Black

Table 16: Number of Foster Care Children in Maryland Legally Free for Adoption, October 1985, by Jurisdiction; and Number of Foster Care Children in Maryland with Plans for Adoption, October 1985, by Jurisdiction

	# LEGALLY FREE FOR ADOPTION(1)	# WITH PLANS FOR ADOPTION(2)		# LEGALLY FREE FOR ADOPTION(1)	# WITH PLANS FOR ADOPTION(2)
State	982	927			
Allegany	9	14	Harford	17	26
Anne Arundel	35	49	Howard	6	15
Baltimore City	571	520	Kent	0	0
Baltimore	70	58	Montgomery	42	51
Calvert	11	8	Prince George's	103	73
Caroline	4	1	Queen Anne's	3	0
Carroll	11	9	St. Mary's	0	7
Cecil	15	17	Somerset	8	3
Charles	10	18	Talbot	5	1
Dorchester	13	2	Washington	10	18
Frederick	30	11	Wicomico	4	7
Garrett	3	7	Worcester	2	12

(1) Includes children with and without plans for adoption.
(2) Includes children who are legally and not legally free for adoption.

SOURCE: Maryland Department of Human Resources, Social Services Administration, Foster Care Inventory, 10/85.

Adoption Recruitment Network (BARN). MARE is the primary state resource available to assist local departments of social services in recruiting adoptive families for waiting children. Approved adoptive families are registered with MARE, and any child in need of adoption for whom no home is available is also registered. Through MARE, Maryland also works with the regional and national adoption exchanges to find adoptive homes for waiting children.

"Wednesday's Child" is a joint effort between SSA and WBAL-TV (Channel 11), Baltimore. Children in need of adoptive homes are featured on news segments during the Wednesday noon and 5:30 p.m. newscasts. The "Wednesday's Child" concept has been expanded to various worksites in downtown Baltimore and targeted for community newspapers.

The Black Adoption Recruitment Network (BARN) was founded in 1984 to organize and promote public education and recruitment efforts aimed at the black community. It works cooperatively with SSA to expand adoption placement opportunities among black families.

All elements of adoption services will be part of the review and assessment being conducted by the recently appointed gubernatorial Task Force to Study Adoption Procedures. The Task Force has been requested to identify impediments to effective adoption procedures and, where appropriate, make recommendations for changes in law, policies, services, and procedures.

Other Out-of-Home Care Services

In keeping with the statewide policy of least restrictive, community-based care for children, several efforts have been developed to either fill in missing parts of the service continuum or enhance already existing services. In 1984, the General Assembly passed legislation providing for a pilot program of family support services, funded by both the State and the Developmental Disabilities Council. This program assists families of developmentally disabled children at risk for out-of-home placement by providing counseling, liaison and monitoring through a variety of in-home and community services. To the degree that such support services succeed, they prevent separation of families; expensive, out-of-home placement for children; and the necessity of families relinquishing legal custody in order to obtain necessary services.

As part of the continuing goal of the Developmental Disabilities Council to reduce out-of-home care, the Council funded a five-county project providing in-home aides, counseling, and equipment purchase for families with disabled children. Annual cost to the State per family was $2,200 compared to MRDDA out-of-home care costs ranging from $10,000-23,000 per child per year.[18]

However, out-of-home care is sometimes the best alternative. Efforts are being made to improve it. In 1984, legislation was enacted directing the Mental Hygiene Administration (MHA) to develop a plan for therapeutic group homes for seriously emotionally disturbed adolescents. As part of the Governor's Children and Youth Initiatives of 1985, $410,000 was allocated for the start-up costs of three therapeutic group homes in FY '86. These homes will serve a total of 20 youth and will be located in Baltimore City, Prince George's County, and on the Eastern Shore. MHA identified these jurisdictions as most in need. Those adolescents referred to a therapeutic group home would previously have had access only to a more restrictive placement (such as a residential treatment center), to out-of-state placement, or to no service at all.

In addition to actual program enhancement, policy changes have been developing over the past few years. Specifically, the State Coordinating Council for the Residential Placement of Handicapped Children (SCC), created by Executive Order in 1983, has been coordinating agreements and procedures designed to facilitate appropriate, least restrictive placements for handicapped children. In addition, the SCC, which includes the Secretaries from DHR, DHMH, and the State Superintendent of Education, coordinates agreements concerning shared funding for out-of-home placements. Their counterparts in the counties (Local Coordinating Councils) are working to implement the Executive Order in a collaborative effort to avoid unnecessary, highly restrictive care for children.

In order to coordinate the future planning of the State agencies serving children, MSDE, DHR, DHMH, the Office for Children and Youth, and the SCC are developing an Interagency Plan for Children with Special Needs.[19]

Begun in mid-1985 as part of the Governor's Children and Youth Initiatives, this Plan defines a continuum and sets forth the State agencies' plans and priorities for putting in place the new or expanded services needed by these children. The Plan also specifies the cross-agency agendas concerning special needs children on which agencies must work collaboratively if the continuing problems of service delivery, coordination and financing are to be resolved. Benefits of the plan should include a more appropriate range of services in Maryland and enhanced agency accountability, due to the availability of one document setting forth plans and services of the various agencies.

The Interagency Plan for Children is scheduled for completion in January 1986.

Future Directions

Maryland has made significant strides in the past few years to address the needs of children in out-of-home care. But, clearly, much remains to be done. Too many children still spend too much time in impermanent foster care placements. Lengthy delays in the legal process of freeing children for adoption still exist. The DHMH therapeutic group home plan calls for thirty-six beds to be available by 1989--only 17% of the total need as determined in 1984.[20] Children are still placed inappropriately in residential facilities, both in-state and out-of-state. Tremendous gaps still exist in providing services for children with multiple needs. When children must be placed in out-of-home care, services should be provided in the least restrictive setting, preferably the child's own community. And, services should fully involve the child's family.

Resources to provide a full continuum of services from nonresidential to residential should be in place. This continuum of services, as it is being defined in the Interagency Plan for Children, consists of primary prevention activities (such as community education and primary health care); early intervention services (such as information and referral and parent education); evaluation, assessment and diagnostic services; in-home and community services (such

as counseling, respite care and vocational education); and substitute care (such as foster care, shelter care and residential treatment centers). Children and their families should be able to move smoothly from one service to another based on their needs, especially if their needs change or are multiple.

Specific consideration should be given to:

- continued testing of, and expansion of resources for, Intensive Family Services (as discussed in the chapter on Child Abuse and Neglect), reunification services, and similar services that strengthen families and help children stay in their own homes or return to their homes more quickly;
- increased efforts to recruit foster parents and adoptive homes;
- provision of training and continuing support services to families caring for or adopting special needs children;
- development and expansion of services and support resources for those children in foster care who are adolescents, "aging" out of care, or in need of independent living arrangements;
- expansion of the number of therapeutic group homes to meet the need more adequately;
- staff training and accountability;
- development of a system of cash subsidies for families of special needs children, which would provide support, equipment, services, etc., enabling the children to remain at home;
- implementation of the Interagency Plan for Children, in cooperation with communities, advocates and parents of special needs children;
- full implementation of Local Coordinating Councils, allowing for the growth of collaborative agreements and commitments to funding, treatment plans and aftercare for children needing out-of-home care.

Families will continue to have crises that they are unable to meet by themselves. Laws at both the state and federal levels provide for public commitment and responsibility to children with special needs.

Successfully meeting the needs of children in out-of-home care depends, in large part, on the development and expansion of strong family services and supports that can prevent the need for removing a child from his or her home, and on a strong collaborative effort between agencies when a child must be in an out-of-home placement.

Substance Abuse

Background

- 5.0% of 8th graders and 15.4% of 12th graders in Maryland in 1984 were frequent* users of any drug (excluding alcohol and cigarettes).[1]
- 8.0% of 8th graders and 24.7% of 12th graders in Maryland in 1984 were frequent* substance users (including alcohol, excluding cigarettes).[2]
- 54% of 8th graders and 86% of 12th graders were using** alcohol in 1984.[3]
- From FY '83 through FY '85, the number of Maryland adolescents referred to treatment programs for alcohol problems increased from 800 to 3,000, and 4,000 are expected to be served in FY '86.[4]
- An estimated 10% of adolescents needing treatment for alcohol use also need short-term residential services.[5] Therefore, in FY '86, 400 adolescents will require residential care for up to 60 days; however, Maryland only has the capacity to treat approximately 160.[6]
- As reported by Maryland teens receiving treatment for drug abuse, cocaine use as the primary drug-of-choice more than doubled between 1980 and 1984, from 99 persons to 243; in the first five months of 1985, 135 adolescents already reported cocaine use as a primary drug problem.[7]
- In February 1984, the Juvenile Services Administration (JSA) surveyed every third case record of its institutionalized and aftercare clients on one day. The survey revealed that 66% (324 of 492 sampled) of the adolescents between 12 and 19 had current substance abuse problems.[8]

In 1984, the Drug Abuse Administration (DAA) of the Maryland Department of Health and Mental Hygiene (DHMH), conducted an in-school survey of 8th, 10th and 12th grade students in public schools, known as the 1984 Survey of Drug Abuse Among Maryland Adolescents: General Report and the 1984 Survey of Drug Abuse Among Adolescents: Report on Alcohol Use. This survey examined student patterns and behaviors relating to alcohol and drug use. The findings are alarming: Maryland youth use alcohol and drugs at a greater rate than the majority

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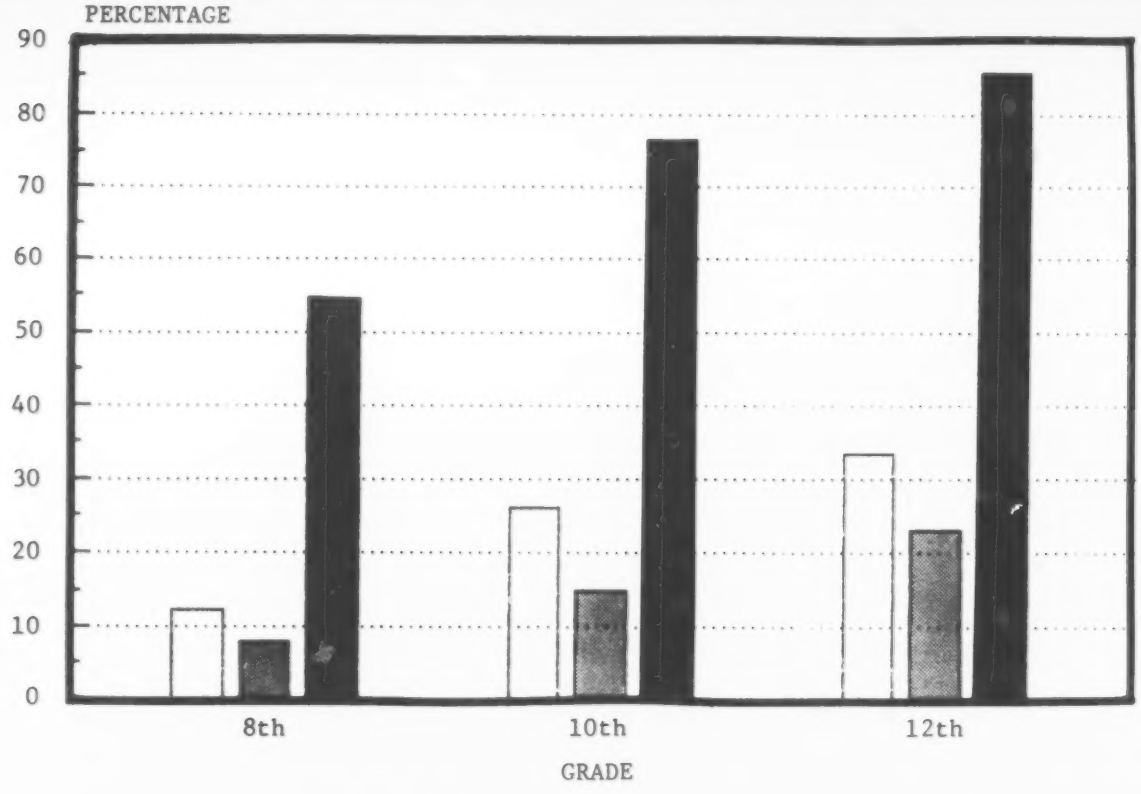
*Frequent is defined as at least 2-3 separate times per week.
**Using is defined as any drinking, ranging from less than once a month to daily use.

Figure 7: Percentage of Maryland Adolescents Using Drugs and Alcohol, Fall 1984, by Grade Level



(1) ANY USE OF ALCOHOL means use less than once a month to use daily.

(2) FREQUENT USE OF ALCOHOL means use 2-3 times a week to use daily.

(3) CURRENT USE OF ANY DRUG means use less than once a month to use once or more a day.

SOURCES: Maryland Department of Health & Mental Hygiene, "1984 Survey of Drug Use Among Maryland Adolescents: General Report," pp. 8, 56, and "1984 Survey of Drug Use Among Maryland Adolescents: Report on Alcohol Use," pp. 8, 33, 35.

of their peers nationwide, even though both groups are experiencing some reduction in use.[9] (See Figure 7 and Table 17.)

Historically, drinking among adolescents has been regarded as a rite of passage--something almost everyone did at one time or another. It has only been in the past few years, with increased media attention to drunk driving and alcohol-related deaths, that the public has become aware of the severity of the teenage drinking problem. Driving accidents are rated as the number one cause of deaths to teenagers. Often, the cause can be traced directly to use of alcohol or drugs. Alcohol and drug use has been perceived by adolescents as everything from clearly anti-social behavior to necessary experimentation. Whatever their view, statistics show that alcohol and drug use among teens has a dramatic impact on their lives.

While the report of the DAA survey on alcohol and drug use revealed many important trends, it did not discuss those teens who are out of school. Those teens most likely to be having problems concerning substance use or abuse would not be in school. There is a high correlation between increased substance use and school problems such as non-attendance. The Maryland State Department of Education (MSDE) reports that in the 1983-84 school year there were 848 alcohol-related suspensions statewide. Drug-related suspensions in the same year totalled 1,677. Total figures for suspensions in the category of dangerous substances (smoking, drugs, alcohol), were 6,341 in 1983-84.[10]

According to a 1984 JSA survey, roughly 2 out of 3 juvenile institutionalized and aftercare clients[11] and half of all JSA community-served juveniles[12] were identified as having a drinking problem.

The problem of substance use among adolescents is clearly not the sole domain of any one provider agency. Alcohol and drug use can and does show up in "A" students, drop-outs, abused and neglected children, status offenders, and juvenile delinquents. Substance use and abuse is often only a symptom of deeper emotional or psychological problems. Severe chemical dependence or addiction by youngsters can be an attempt at covering up feelings of depression, loneliness, inadequacy, insecurity, or isolation. The initial high, euphoria or sense of elation produces an enticement to continue these feelings; at the same time, it avoids confronting and coping with the real problems. Symptoms may be treated; but, in order to avoid a dangerous, escalating cycle of substance use and abuse that can lead to permanent disability or death, the causes must be addressed, too, through appropriate psychological or psychiatric intervention.

Current State Involvement

DHMH's Alcoholism Control Administration (ACA) and DAA have combined efforts in recent years to focus attention on prevention of, and education about, drinking and drug use among teens. Receipt of federal dollars for alcohol and drug programs, in fact, is now contingent upon 20% of the total dollars being devoted to prevention. At the same time, the federal government is providing little, if any, money for public sector treatment programs. JSA and ACA are conducting a project at JSA's Montrose School with two components: 1) education, crisis intervention, and treatment for girls about to be returned to the community; and 2) general alcohol and drug prevention education, crisis inter-

Table 17: Percentage of Maryland Adolescents Using Drugs and Alcohol, Fall 1984, by Grade Level and Jurisdiction

	CURRENT USE OF ANY DRUG(1)			FREQUENT USE OF ALCOHOL(2)		
	8TH GRADE	10TH GRADE	12TH GRADE	8TH GRADE	10TH GRADE	12TH GRADE
State	12.2%	26.1%	33.3%	7.8%	14.9%	23.1%
Allegany	10.0%	25.5%	31.4%	8.8%	21.0%	27.3%
Anne Arundel *	*	*	*	*	*	*
Baltimore City	18.4%	34.8%	33.6%	10.3%	16.5%	17.7%
Baltimore	16.8%	33.8%	41.5%	8.9%	19.4%	25.4%
Calvert	12.7%	29.5%	34.4%	10.9%	22.4%	26.0%
Caroline	14.6%	23.5%	24.9%	13.1%	19.7%	29.5%
Carroll	10.3%	25.8%	39.2%	4.8%	13.7%	28.1%
Cecil *	*	*	*	*	*	*
Charles	11.4%	32.1%	26.0%	5.8%	18.1%	21.6%
Dorchester	12.5%	27.6%	29.1%	6.7%	19.2%	21.2%
Frederick	12.5%	21.4%	33.9%	7.4%	14.9%	24.3%
Garrett	7.4%	22.2%	24.7%	7.4%	12.2%	25.1%
Harford	13.3%	29.9%	35.6%	7.2%	18.6%	23.5%
Howard	6.8%	21.1%	30.1%	5.6%	16.1%	22.8%
Kent *	*	*	*	*	*	*
Montgomery	8.7%	22.5%	22.5%	5.9%	11.8%	20.3%
Prince George's	6.8%	20.5%	36.7%	6.9%	8.8%	24.7%
Queen Anne's	14.2%	28.3%	30.8%	7.1%	18.5%	22.9%
St. Mary's	12.5%	23.6%	27.7%	7.2%	18.3%	22.5%
Somerset	10.6%	19.4%	28.6%	6.7%	9.0%	25.6%
Talbot *	*	*	*	*	*	*
Washington	12.3%	21.1%	27.1%	8.1%	11.8%	19.8%
Wicomico	17.4%	33.7%	33.9%	9.8%	19.2%	24.9%
Worcester	15.0%	25.4%	30.8%	11.1%	17.6%	28.7%

* Did not participate in survey.

(1) CURRENT USE means use less than once a month to use once or more a day; ANY DRUG excludes alcohol and cigarettes.
(2) FREQUENT USE means use 2-3 times a week to use daily.

SOURCES: Maryland Department of Health & Mental Hygiene, "1984 Survey of Drug Use Among Maryland Adolescents: General Report," pp. 8,56 and "1984 Survey of Drug Use Among Maryland Adolescents: Report on Alcohol Use," pp. 8,35.

vention, and treatment for the general population. Also, the Montrose staff is being educated about identification of chemical dependence.

Within MSDE, prevention programs focus on education about substance use and abuse as well as extensive peer leadership training. In Howard County, the Students Helping Other People (SHOP) program is an example of state prevention dollars being used to educate and train students to be good listeners, to understand their peers' problems, and to be helpful resources and friends for them. SHOP is now operating in every Howard County high school, and similar programs exist elsewhere in the State. Another prevention effort sponsored by MSDE is MADART, the Maryland Drug and Alcohol Resource Team. Teams are composed of community representatives, parents, business people, students, faculty, and professionals. Their goal is to develop a prevention program tailored to their local community.

Each Maryland jurisdiction now has a drug and alcohol prevention coordinator and a prevention plan, under the direction of the ACA/DAA Prevention Unit. Other prevention opportunities for communities are being explored with the Positive Youth Development Network (PYDN). PYDN, originally established under the JSA, receives funding from several sources and provides technical assistance to schools, communities, and organizations wishing to work at providing a healthy environment for youth.

In addition, the General Assembly passed a resolution in the 1985 Session creating the Task Force on Alcohol Abuse by Youth and Young Adults. Its goal is to develop and implement a comprehensive plan to reduce alcohol abuse by youth. Its scope includes treatment as well as prevention. A report to the Governor is due by July 1986. Lastly, one of the 1985 Governor's Children and Youth Initiatives pointed the way toward mitigating some of these complex problems by providing community grants totaling $120,000 for local prevention.

While prevention efforts are expanding, the State is also enlarging its treatment capacity for adolescents. By April 1986, it is planned that thirty-two beds will be available for short-term (i.e., 45-60 days) residential treatment of alcoholic adolescents. Annual treatment capability will be 298 adolescents.[13] There are currently seventeen beds available, providing treatment for approximately 160 adolescents.[14]

Prevention efforts among MSDE, ACA and DAA are in fact becoming more coordinated. Additionally, the State is acknowledging the need for residential treatment beds for adolescents with substance abuse problems and is developing this portion of the service continuum as resources become available. Careful planning is needed in order to provide the most effective and efficient service delivery system.

Future Directions

MSDE, JSA, DAA and ACA have all increased their attention to the need for comprehensive, community-wide education for students and families about substance use and abuse. These efforts should be recognized as an initial attack on the problem. There should, however, be continued expansion of education for

all child-serving agency personnel, including staff from the Mental Hygiene and Social Services Administrations. Also, education about prevention needs to keep up with the latest trends in drug-of-choice. This will keep the system one step ahead of the treatment needs before it is overloaded and incapable of adequately treating substance users.

A great deal of work needs to be done within agencies and facilities that care for youth. Some additional services needed are:

- in-service and pre-service training for JSA direct care workers--probation officers, intake workers, counselors--about substance use and abuse recognition, prevention, treatment, and resources;
- timely and regularly scheduled evaluations and assessment for substance use for any youngster entering the "system"--regardless of which agency is the entering point;
- assessments of the need for psychological therapy and/or counseling as follow-up to any substance abuse treatment, so that appropriate referrals and placements can be made.

There continues to be evident gaps in available services for adolescents. These include:

- enough residential treatment beds to meet the need;
- group homes and halfway houses for recovering patients;
- 3/4-way houses for adolescents who are 16 and over and who cannot return home, but need a transition time before they can be independent;
- long-term counseling for chemically dependent youngsters and their families to prevent future recurrences.

Patterns and behaviors concerning substance use change with each generation, but the current generation must protect the next from permanent harm caused by these behaviors. To do that, there must be an increase in education and prevention efforts. For those youngsters already caught in alcohol and drug dependence, the job is to help them become free, and remain free, of this dependency.

Teen Pregnancy

Background

- The United States has the highest teen pregnancy rate in the industrialized world.[1] Baltimore City has the highest teen pregnancy rate in the United States.[2]
- In 1983, 13.7% (8,771) of all births in Maryland were to women under 20.[3]
- Of the 8,771 births to Maryland teenagers in 1983, Medical Assistance paid for the expenses of almost half.[4]
- 40-50% of Maryland teenagers delay prenatal care until the second or third trimester of pregnancy.[5]

"The prosperity and progressivism of the State of Maryland are not reflected in the high incidence of teen pregnancy and the low level of public and private response."[6] The corresponding facts and figures are undisputable. (See Table 18.) The issues surrounding teen pregnancy are complex and multifaceted, as illustrated by the following points:

- The percentage of unmarried 15 to 19 year-olds with sexual experience has increased from 26.8 percent in 1971 to 42.8 percent in 1982.[7]
- In Maryland, in 1983, 64.5 percent of all reported cases of gonorrhea and 28.6 percent of all reported cases of syphilis occurred in the population 24 years of age and under.[8] Precise breakdowns for persons 19 and under are unavailable.
- Births to unmarried teens are increasing at an alarming rate.[9]
- Pregnant and parenting teens withdraw from school prior to graduation in greater numbers than their nonpregnant, nonparenting counterparts.[10]
- Teen mothers experience a greater prospect of high medical risks, intermittent employment, unemployment, and long-term welfare dependence.[11]
- There is a risk of serious illness and death for nearly one in six babies born to women under age 20 in Baltimore City.[12]
- Children of unmarried teen mothers are subject to a higher probability of illness, poor educational achievement, and welfare dependency.[13]

Table 18: Number and Percentage of Births and Births of Low-Birth-Weight in Maryland, 1983, by Selected Ages and Jurisdiction

	BIRTHS			BIRTHS OF LOW-BIRTH-WEIGHT*		
	ALL AGES	UNDER AGE 20	% UNDER AGE 20 TO ALL AGES	ALL AGES	UNDER AGE 20	% UNDER AGE 20 TO ALL AGES
State	63,977	8,771	13.71%	4,963	988	19.91%
Allegany	935	175	18.72%	58	12	20.69%
Anne Arundel	5,732	651	11.36%	346	49	14.16%
Baltimore City	13,133	3,152	24.00%	1,543	445	28.84%
Baltimore	8,303	710	8.55%	520	60	11.54%
Calvert	608	95	15.63%	40	12	30.00%
Caroline	335	69	20.60%	21	7	33.33%
Carroll	1,511	161	10.66%	72	4	5.56%
Cecil	894	153	17.11%	53	11	20.75%
Charles	1,312	195	14.86%	62	13	20.97%
Dorchester	358	81	22.63%	32	13	40.63%
Frederick	1,909	222	11.63%	121	23	19.01%
Garrett	388	56	14.43%	35	7	20.00%
Harford	2,102	254	12.08%	136	32	23.53%
Howard	2,024	118	5.83%	106	6	5.66%
Kent	212	35	16.51%	24	3	12.50%
Montgomery	8,468	506	5.98%	485	44	9.07%
Prince George's	10,857	1,357	12.50%	954	161	16.88%
Queen Anne's	378	47	12.43%	34	5	14.71%
St. Mary's	1,105	138	12.49%	92	13	14.13%
Somerset	262	55	20.99%	20	8	40.00%
Talbot	348	48	13.79%	19	4	21.05%
Washington	1,417	250	17.64%	86	27	31.40%
Wicomico	931	162	17.40%	71	18	25.35%
Worcester	455	81	17.80%	33	11	33.33%

* Weighing less than 2500 grams (5 lb. 8 oz.).

SOURCE: "A Call to Action: Final Report of the Governor's Task Force on Teen Pregnancy", 9/85.

In appointing his Task Force on Teen Pregnancy in February 1984, Governor Hughes asked the members to thoroughly examine the issue of teen pregnancy.[14] Specifically, he requested that they: explore the current level of services offered by public and private agencies throughout the State, identify gaps in the coordination and delivery of services, and recommend a comprehensive approach to reduce the incidence of teen pregnancy and to help teenaged parents and their children become self-sustaining.

"After more than a year of study, debate, and analysis, the Task Force has concluded that the State of Maryland has the commitment, the responsibility, and the resources to turn this tragedy into opportunities."[15]

Current State Involvement

Many programs and services already exist to assist teenagers who are pregnant or parenting and to reduce the incidence of teenage pregnancy. Health-related programs are operated under the Maryland Department of Health and Mental Hygiene (DHMH). Funding for these programs comes from a mix of federal, state, and local dollars. Among them are the Adolescent Pregnancy, Parenting, and Prevention Program; the Maternal and Infant Health Program; the Improved Pregnancy Outcome Program; the Family Planning Program; and the Supplemental Food Program for Women, Infants and Children (WIC). All are either targeted or available to teens. (For program descriptions see Section III, Program Inventories.)

In addition to the major income support programs*, the Maryland Department of Human Resources (DHR) also operates the Single Parent Services Program which provides intensive, time-limited services to youth under 18 years of age who are assuming or considering the assumption of the parental role. Youth at risk for early or unplanned parenthood are also served. Services provided assist youth to develop and implement a positive life plan for themselves and their children, if any. This program also emphasizes building networks for other support services, including child care, adoption, legal services, in-home aide services, family planning, and medical services.

In terms of statewide interagency activities, two efforts stand out. The Interdepartmental Committee on Teenage Pregnancy, Parenting, and Prevention is comprised of representatives from the Maryland Departments of Education (MSDE) and Employment and Training (DET), DHR, DHMH, the Office for Children and Youth, and local public agencies. Its primary focus has been upon increasing interagency communication and public awareness, and it has sponsored two successful statewide conferences over the past two years. Additionally, the Committee recently made $2,000 incentive grants available to each jurisdiction to promote interagency coordinated projects.

The other effort is the Maryland State Committee on Adolescent Pregnancy, Parenting and Pregnancy Prevention (MSCAPPPP). MSCAPPPP had its beginnings in October 1975, when The Governor's Commission on Children and Youth convened a statewide conference to focus on the issue of adolescent pregnancy. From this

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*These are described in the chapters on Children in Poverty, Health and Mental Health, and Nutrition.

conference, the Committee on School-Aged Parents was formed. Three years later, the Office for Children and Youth was created and incorporated the committee into its structure. The committee's name was changed to MSCAPPPP to reflect its broadened mission. Today MSCAPPPP's membership includes over one hundred individuals and organizations. Working together, they play a vital role in addressing the growing concern for those youth at risk for pregnancy, those who are pregnant, and those who are parents. MSCAPPPP is committed to enlightening parents, professionals, and public officials as to their roles in assisting adolescents with responsible decision-making about sexuality and, toward that end, it convenes two workshops each year and publishes a quarterly newsletter.

Still, however, the continuing epidemic of teen pregnancy calls for more and more innovative approaches. Several new programs were included in the Governor's Children and Youth Initiatives of 1985. One was designed to enhance education efforts to reduce teen pregnancy and was modeled after the Self Center, a successful outreach program of the Johns Hopkins Hospital. The Baltimore City Health Department is in the process of establishing this pilot program in one senior and two junior high schools in Baltimore City. The schools were targeted on the basis of census data that indicated areas with high teenage pregnancy rates. Consideration was also given to the availability of other related services in the area. Two health educators are being hired and assigned to the schools to assure close cooperation with the schools' ongoing health education programs and to provide liaison functions with the health and family planning clinics in the community. At-risk youth will be referred to the health educators by teachers, nurses, administrators and/or other students and will receive a variety of nonclassroom experiences, such as individual and group counseling sessions designed to reinforce key messages regarding pregnancy prevention. Additionally, the health educators will work to develop supportive educational materials for the parents of the students so that they may also be a part of the preventive education campaign. A community-wide publicity campaign is also being developed.

Another Initiative is the development of Family Support Centers. DHR has recently awarded four grants for these pilot projects. Family Support Centers are community-based drop-in centers for adolescent parents and their children. At the heart of the concept is the issue of isolation that many teen parents experience. "They [the Centers] are a place where the adolescent can feel at home, and can in turn learn to create a viable, nurturing home for the family for which she or he is now responsible."[16]

The core services to be provided, or arranged for, by these Family Support Centers include services to enhance parenting skills, health care and family planning, diagnostic and assessment services for both the parent and the child, temporary child care, peer support activities, education services such as GED classes, and employment preparation skills. "If the Centers prevent second pregnancies and promote high school completion, thereby averting an adolescent parent's welfare dependence for at least four years, the cost savings is $11,712 just in AFDC costs (against an estimated investment of $1,000-1,500 for each family per year in the family center). Major additional savings are realized if child abuse and subsequent foster care are avoided for these families."[17]

A third teen pregnancy related Initiative is the Healthy Babies Outreach program now being referred to as the "Better Babies" program. It is currently being implemented by the local health departments in Baltimore City and Dorchester County. These jurisdictions were selected for their high teen preg-

Table 19: Number and Percentage of Births in Maryland to Teenagers Receiving Late or No Prenatal Care, 1983, by Jurisdiction

	#	%		#	%
State	761	8.7%			
Allegany	10	5.7%	Harford	20	7.9%
Anne Arundel	57	8.8%	Howard	7	5.9%
Baltimore City	280	8.9%	Kent	0	0.0%
Baltimore	63	8.9%	Montgomery	47	9.3%
Calvert	7	7.4%	Prince George's	151	11.1%
Caroline	4	5.8%	Queen Anne's	3	6.4%
Carroll	1	0.6%	St. Mary's	19	13.8%
Cecil	14	9.2%	Somerset	3	5.5%
Charles	13	6.7%	Talbot	2	4.2%
Dorchester	6	7.4%	Washington	6	2.4%
Frederick	13	5.9%	Wicomico	24	14.8%
Garrett	2	3.6%	Worcester	8	9.9%

SOURCE: "A Call to Action: Final Report of the Governor's Task Force on Teen Pregnancy," 9/85.

nancy rates and subsequent high rates of infant births requiring specialized services. Teenagers, who often delay prenatal care and typically have poor health and nutrition habits, are at high risk for premature delivery and low-birth-weight babies, which are associated with infant mortality and illness. (See Table 19.) Outreach/Visiting Nurses encourage pregnant teenagers to begin prenatal care early, to improve their adherence to health and medical advice, and to adopt behavior designed to reduce premature delivery resulting from smoking, alcohol and drug use, under-nutrition, and physical, emotional and social problems.

These Initiatives deserve careful monitoring to assess their effectiveness in combating teen pregnancy and the negatively associated consequences. Reviewers should be cautioned, however, not to judge these programs solely on short-term statistics. The problems surrounding teen pregnancy are multi-faceted, and these interventions cannot be expected to "solve" the problems overnight or by themselves.

Future Directions

The Governor's Task Force on Teen Pregnancy strongly opposed the development of strategies on a piecemeal basis. In their final report, A Call to Action, the members concluded that there is no higher priority than the establishment of a Governor's Council on Teen Pregnancy, which would formulate

criteria to be followed in the development and implementation of the other recommendations. That Council would be comprised of representatives of the General Assembly, public and private agencies, the general community, and local governments. It is a recommendation worthy of immediate attention.

The Task Force also identified a variety of specific recommendations that would require not only the Governor's leadership and commitment, but also, in some cases, legislative enactment and additional budget appropriations. Some of these recommendations include:

- policies supporting the individual's obligation to act responsibly and to be accountable for his/her behavior; for example, establishing paternity and enforcing child support, in most cases involving teen pregnancy;

- a package of public policy changes to encourage and reinforce family responsibility for, and active involvement in, prevention and support;

- support for programs to alleviate the inequity of educational and employment opportunities available to many high-risk teens; in particular, providing full equalization of state aid for public schools and assuring that high-risk children receive compensatory prekindergarten education, mastery of basic skills, and effective school-to-work transitions;

- the provision of adequate funding for comprehensive reproductive health services, including education, medical, and counseling components that are accessible to and appropriate for teens;

- the development of a Community Initiatives Fund to be administered by the proposed Governor's Council on Teen Pregnancy that would support innovative, community-based projects stressing early intervention, parental involvement, and community awareness and mobilization;

- a plan for a network of comprehensive school-based health services, which would emphasize the importance of preventive and regular health care as a cornerstone to the development of a healthy and productive individual (see also the chapter on Health and Mental Health);

- a Core Services Support System for at-risk, pregnant, and parenting teens that would include identification of the target population, an offer of services, and case management services.

The rationale and circumstances surrounding each of these recommendations are included in A Call to Action: The Final Report of the Governor's Task Force on Teen Pregnancy. The Task Force members studied the issue very thoroughly and deliberately. Their work establishes the framework within which future action can and must progress.

Section III

■

Appendices

Notes

Child Abuse and Neglect

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Child Care

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[13]To obtain a copy of the Report, contact the Maryland Department of Legislative Reference, 90 State Circle, Annapolis, MD 21401.

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Resource Organizations

Additional information about specific issues raised in this report or about speaking out on behalf of children and youth can be obtained from the following organizations. This selective list is focused on those groups that have significant interest in programs and issues concerning children and youth. Inadvertently, some groups may have been omitted. Additions and corrections are welcome.

Components of the Office for Children and Youth

The Office for Children and Youth was established in 1978 and was reauthorized in 1983. Its enabling legislation also created a State Advisory Committee to the Office (SAC) and required each local jurisdiction to establish its own Children's Council. Councils now exist in most local jurisdictions. The Office, the SAC and the Children's Councils have the responsibility for examining programs, services and plans for children under the age of 18. The purpose is to identify duplications or inefficiencies, analyze the effectiveness of programs, and identify resources and unmet needs. In addition, the Office provides administrative support to the Governor's Youth Advisory Council (composed of 60 youth ages 13-20) and to the Maryland State Committee on Adolescent Pregnancy, Parenting and Pregnancy Prevention (composed of over 100 members).

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301 W. Preston Street, Suite 1502
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(301) 225-1290

State Advisory Committee to the Office for Children and Youth
301 W. Preston Street, Suite 1502
Baltimore, MD 21201
Joan Cobb Wilson, Chairperson
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Maryland State Committee on Adolescent Pregnancy, Parenting and Pregnancy Prevention
301 W. Preston Street, Suite 1502
Baltimore, MD 21201
Nancy Rosenshine, Co-chairperson
(301) 225-1290, (301) 768-1110
Deborah Silvey, Co-chairperson
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Governor's Youth Advisory Council
301 W. Preston Street, Suite 1502
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Spencer Schlosnagle, President
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Local Children's Councils

Allegany County Children's Council
Roberta Dorsch, Chairperson
P.O. Box 358
Ellerslie, MD 21529
Home: (301) 724-4929

Anne Arundel County Children's Council
Linda Breen, Chairperson
470 Cedar Haven Road
Arnold, MD 21012
Home: (301) 647-9179

Baltimore City Council for Children and Youth
Barbara Elder, Chairperson and Staff
Mayor's Office for Children and Youth
600 City Hall
Baltimore, MD 21202
Office: (301) 396-4846

Baltimore County Children and Youth Council
Ardis Bell, Chairperson
5300 Forge Road
White Marsh, MD 21162
Home: (301) 256-3945
Harriette Burros, Staff
(301) 494-2757

Calvert County Children's Council
Sandra Kendrick Burton, Chairperson
P.O. Box 163
St. Leonard, MD 20685
Home: (301) 586-1673

Carroll County Children's Council
Lynda Gainor, Chairperson
4103 McMullen Road
Taneytown, MD 21787
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Council for Children and Youth of Cecil County
Robert Fisher, Chairperson
108 Wilson Avenue
Rising Sun, MD 21911
Office: (301) 278-3657

Charles County Representative to the State Advisory Committee
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Court House
La Plata, MD 20646
Office: (301) 645-0580

Dorchester County Representative to the State Advisory Committee
Madeline Moore
Dorchester County Youth Services Center
P.O. Box 240
Cambridge, MD 21613
Office: (301) 228-9100

Frederick County Children's Council
John George, Chairperson
Board of Education
115 E. Church Street
Frederick, MD 21701
Office: (301) 694-1483

Harford County Children's Council
Diane Frijia, Chairperson
FACETS
2217 Choate Road, Box 398
Fallston, MD 21047
Office: (301) 557-9192

Howard County Council for Children and Youth
Sylvia Carter, Chairperson
6924 Knighthood Lane
Columbia, MD 21045
Office: (301) 465-4088
Bernice Hopkins, Staff
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Montgomery County Commission on
Children and Youth
Dr. Nancy Dworkin, Chairperson
Center for Unique Learners
12220 Wilkins Avenue
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Office: (301) 231-0115
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Prince George's County Children's
Council
Carolyn Billingsley, Chairperson
2717 Curry Drive
Adelphi, MD 20783
Office: (301) 779-1686
Rolande Blier, Staff
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Queen Anne's County Children's Council
Jim Archibald, Chairperson
Rt. 1, Box 327
Chestertown, MD 21620
Office: (301) 434-1927

St. Mary's County Council on Children
and Youth
Mary Novotny, Chairperson
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Lexington Park, MD 20653
Office: (301) 863-7092
Phebe Barth, Staff
(301) 475-5621

Talbot County Children's Council
John Murray, Chairperson
Miles & Stockbridge
114 N. West Street
Easton, MD 21601
Office: (301) 822-5280
Paula Lowry, Secretary
(301) 822-2292

Washington County Children's Council
Mary Ellen Waltemire, Chairperson
4-H Extension Office
101 W. Antietam Street
Hagerstown, MD 21740
Office: (301) 791-1404

Wicomico County Representative to the
State Advisory Committee
Signe Causey
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Salisbury, MD 21801
Home: (301) 749-5011

Other Resource Organizations

Advisory Council to the Maryland State
Clearinghouse for Missing Children
c/o The Office for Children and Youth
301 W. Preston Street, Suite 1502
Baltimore, MD 21201
John E. Kyle, Chairperson
(301) 225-1290

Advocates for Youth
c/o University of Maryland
School of Law
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Baltimore, MD 21201
Susan Leviton, Chairperson
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American Academy of Pediatrics
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Dr. Anthony Perlman, Chairman
(301) 828-8938

Associated Catholic Charities
320 Cathedral Street
Baltimore, MD 21201
Lynda Meade, Governmental
Relations Specialist
(301) 547-5538

Association for Retarded Citizens
5602 Baltimore National Pike
Baltimore, MD 21228
William Baber, Executive Director
(301) 744-0255

Baltimore Urban League
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Baltimore, MD 21215
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Central Maryland Association for
the Education of Young Children
5623 Groveland Avenue
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Rivalee Gitomer, President
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Child Study Association of Maryland
7501 Liberty Road
Baltimore, MD 21207
Eileen Marks, President
(301) 944-3555

Child Welfare Advisory Committee
300 W. Preston Street
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Henry Gunn, Chairperson
(301) 422-0400
Joy Duva, Staff
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Citizen's Advisory Committee to the
Maryland Training School for Boys
(Charles H. Hickey Jr. School)
1102 Concordia Drive
Towson, MD 21204
Philip Campagna, Chairman
(301) 823-8233

Family Resource Coalition of Maryland
204 W. Lanvale Street
Baltimore, MD 21217
Terry Lee Dykstra, State Coordinator
(301) 669-9000

Foster Care Advocates
c/o Associated Catholic Charities
320 Cathedral Street
Baltimore, MD 21201
John Stanton, Convener
(301) 547-5540

Foster Care Review Board
11 E. Mount Royal Avenue
Baltimore, MD 21202
Alice Williams, Administrator
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Governor's Employment and Training
Council
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Baltimore, MD 21201
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James Lott, Executive Director
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Governor's Task Force to Study
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Baltimore, MD 21230
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(301) 576-5238

Governor's Task Force on Alcohol
Abuse by Youth and Young Adults
23222 Calverton Drive
Prince Frederick, MD 20678
Gary Colston, Chairperson
(301) 535-3079, (301) 855-1550
Nancy Cohen, Staff
(301) 269-2668

Governor's Task Force on Day Care
Facilities and Services
3409 Guilford Terrace
Baltimore, MD 21218
Margaret Rawle, Chairperson
(301) 576-5391, (301) 243-3180

Health and Welfare Council of
Central Maryland
22 Light Street
Baltimore, MD 21202
John Geist, Executive Director
(301) 752-4146

Healthy Mothers/Healthy Babies Coalition
136 N. Lakewood Avenue
Baltimore, MD 21224
Donna Petersen, Chairperson
(301) 955-6836

Juvenile Justice Advisory Council
201 W. Preston Street
Baltimore, MD 21201
Clementine Kaufman, Chairperson
(301) 955-2693
Linda Koban, Staff
(301) 225-5059

Legal Aid
714 E. Pratt Street
Baltimore, MD 21201
Bill Grimm, Staff Attorney
(301) 539-5340

Maryland Association for Children and Adults with Learning Disabilities
320 Maryland National Bank Building
Baltimore, MD 21202
Ann Vinup, President
(301) 665-3309

Maryland Association of Boards of Education
130 Holiday Court, #105
Annapolis, MD 21401
Maureen Steinecke, Executive Director
(301) 841-5414

Maryland Association of Residential Facilities for Youth
300 Cathedral Street, Suite 201
Baltimore, MD 21201
Tony Fulton, Executive Director
(301) 539-5182

Maryland Association of Youth Services Bureaus
c/o Dundalk Youth Services Center
Church of the Brethren
Yorkway and Chipway Streets
Baltimore, MD 21222
Steven Campbell, Chairman
(301) 288-4356

Maryland Chapter--National Committee on Youth Suicide Prevention
700 E. Joppa Road
Baltimore, MD 21204
Jay N. Mossman, Coordinator
(301) 494-5850

Maryland Child Care Association
c/o Second English Lutheran Church
5010 Briarclift Road
Baltimore, MD 21229
Jean Weaver, President
(301) 947-3391, (301) 685-1460

Maryland Commission for Women
1123 N. Eutaw Street, Room 603
Baltimore, MD 21201
Martha McIntyre, Executive Director
(301) 383-5608

Maryland Committee for Children
608 Water Street
Baltimore, MD 21202
Sandra Skolnik, Executive Director
(301) 752-7588

Maryland Congress of Parents and Teachers
13 S. Carrollton Avenue
Baltimore, MD 21223
I.Q. Slusher, President
(301) 685-0865

Maryland Conference of Social Concern
2510 St. Paul Street
Baltimore, MD 21218
Mitzi Swann, Executive Director
(301) 889-8828

Maryland Criminal Justice Coordinating Council
One Investment Place, Suite 700
Towson, MD 21204
Stephen Gottfredson, Executive Director
(301) 321-3612

Maryland Disability Law Center
2510 St. Paul Street
Baltimore, MD 21218
David Chavkin, Directing Attorney
(301) 383-3400

Maryland Federation of Parents for Drug Free Youth
404 Shipley Road
Linthicum, MD 21090
Beverly S. Preston, Executive Director
(301) 859-4320

Maryland Food Committee
105 W. Monument Street
Baltimore, MD 21201
Jan Houbolt, Executive Director
(301) 837-5667

Maryland Foster Parent Association
1235 E. Monument Street, Suite 102
Baltimore, MD 21202
Maxine Witherspoon, President
(301) 563-3810

99

Maryland Head Start Directors
Association
c/o Shore-Up!
520 Snow Hill Road
Salisbury, MD 21801
Edna Jackson, President
(301) 749-1142

Maryland Interdisciplinary Council
on Children & Adolescents
3511 Englemeade Road
Baltimore, MD 21208
Dr. Ted Kaiser, Chairperson
(301) 484-7161

Maryland State Planning Council on
Developmental Disabilities
201 W. Preston Street, 4th Floor
Baltimore, MD 21201
Catherine Raggio, Executive Director
(301) 225-5077

Maryland State Teachers Association
168 Main Street
Annapolis, MD 21401
Michael A. Butera, Executive Director
(301) 727-7676

Maryland Women's Health Coalition
P.O. Box 19926
Baltimore, MD 21211
Susan Tucker, Chairperson
(301) 528-1333

Mental Health Association of Maryland
323 E. 25th Street
Baltimore, MD 21218
Herb Cromwell, President
(301) 235-1178

National Association of Social Workers
Maryland Chapter
2530 N. Calvert Street
Baltimore, MD 21218
Marjorie Baney, Executive Director
(301) 243-1663

Office for Handicapped Individuals
West Gate Building
80 West Street
Annapolis, MD 21404
John Lancaster, Director
(301) 269-2908

Organization for the Enforcement
of Child Support
119 Nicodemus Road
Reisterstown, MD 21136
Elaine Fromm, President
(301) 833-2458

Parents Anonymous
1123 N. Eutaw Street, #312
Baltimore, MD 21201
Maggie Miller, Executive Director
(301) 728-7021

People Against Child Abuse
P.O. Box 463
Annapolis, MD 21401
Gloria Goldfadden, President
(301) 841-5356

Planned Parenthood of Maryland
610 N. Howard Street
Baltimore, MD 21201
Steven Rivelis, Public Affairs Director
(301) 752-0131

Positive Youth Development Network
University of Maryland-Baltimore Co.
5401 Wilkens Avenue--MP/007
Baltimore, MD 21228
Rick Miller, Chairperson
(301) 455-3239

Protective Services Advisory Committee
300 W. Preston Street
Baltimore, MD 21201
Sharon England, Chairperson
(301) 528-3637
Beverly Jones, Staff
(301) 576-5242

State Coordinating Council for the
Residential Placement of Handicapped
Children
200 W. Baltimore Street
Baltimore, MD 21201
Philip Holmes, Executive Director
(301) 659-1803

United Way of Central Maryland
22 Light Street
Baltimore, MD 21203
Louis Altarescu, Government
Relations Consultant
(301) 547-8000

Welfare Advocates
c/o Associated Catholic Charities
320 Cathedral Street
Baltimore, MD 21201
Michael Reisch, Chairperson
(301) 547-5538

Inventories of State Programs

These inventories are abstracted from material provided by the various Departments to the Maryland Department of State Planning. They are included in State Planning's Catalog of State Assistance Programs. The most recent edition is being made available in January 1986. Inventories noted with an asterisk (*) were not included in the Catalog. The Office for Children and Youth then asked the Departments to provide the information directly to the Office. Therefore, there are some differences in the amount and format of information provided. Some programs serve children only; others may serve both adults and children. Inadvertently, some programs may have been omitted in the original submissions of the Departments or in the abstracting.

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31.01.13.07 - 22.450

AGRICULTURAL FAIRS, EXHIBITS AND YOUTH ORGANIZATIONS - PROMOTION OF

ADMINISTERING AGENCY

MARYLAND DEPARTMENT OF AGRICULTURE
MARYLAND AGRICULTURAL FAIR BOARD

PURPOSE

STATE GRANTS ARE ALLOCATED TO AGRICULTURAL ORGANIZATIONS FOR THE PURPOSE OF AGRICULTURAL PROMOTION AND YOUTH DEVELOPMENT THROUGH FAIRS, SHOWS, EXHIBITS AND RELATED COMPETITIVE/EDUCATIONAL ACTIVITIES.

USE OF FUNDS

TO FUND PREMIUMS AND AWARDS ONLY UNLESS SPECIFIED OTHERWISE.

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

EXECUTIVE SECRETARY
MARYLAND AGRICULTURAL FAIR BOARD
50 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MD 21401
(301) 841-5861

FY'84 FUNDING AND ACTIVITY

162 RECIPIENTS; TYPICAL ALLOCATION = $10,000;
TOTAL ALLOCATION AMOUNT - $403,980

FY'85/86 FUNDING LEVEL

FY 85 - $401,157
FY 86 (PROPOSED) - $393,405

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DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

37.01.20.03 - 28.001

DAY CARE FACILITIES LOAN GUARANTEE FUND

ADMINISTERING AGENCY

MARYLAND DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
MARYLAND SMALL BUSINESS DEVELOPMENT FINANCING AUTHORITY

PURPOSE

THE FUND SHALL BE USED AS A NON-LAPSING REVOLVING FUND TO GUARANTEE LOANS FOR THE EXPANSION OR DEVELOPMENT OF DAY CARE FACILITIES IN MARYLAND.

USE OF FUNDS

FINANCIAL ASSISTANCE PROVIDED BY THE FUND INCLUDES A GUARANTEE OF A LOAN MADE TO AN APPLICANT; OR, IF THE APPLICANT IS A CORPORATION, A GUARANTEE OF AN EQUITY INVESTMENT IN THE APPLICANT.

TYPE OF ASSISTANCE: INSURED/GUARANTEED LOAN

INFORMATION CONTACT

JOAN CASE, ADMINISTRATOR
DAY CARE FACILITIES LOAN GUARANTEE FUND
WORLD TRADE CENTER
401 EAST PRATT STREET
BALTIMORE, MD 21202
(301) 659-4270

FY'84 FUNDING AND ACTIVITY

NUMBER OF 1984 LOAN GUARANTEES: 2
AVERAGE AMOUNT OF 1984 LOAN GUARANTEES: $70,000
TOTAL AMOUNT OF 1984 LOAN GUARANTEES: $130,000

FY'85/86 FUNDING LEVEL

THE FUND HAS REQUESTED $200,000 IN ADDITIONAL GENERAL OBLIGATION BONDING AUTHORITY FROM THE 1985 LEGISLATURE. THIS FUNDING WOULD OCCUR IN FY 86 OR LATER, AS BONDS WERE ISSUED.
FROM THE FY 86 PROPOSED BUDGET, INSURANCE LEVELS PROJECTED WERE
FY 85 - $4,000,000
FY 86 - $4,000,000

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

37.01.23.03 - 28.351

ARTISTS IN EDUCATION PROGRAM

ADMINISTERING AGENCY

MARYLAND DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
DIVISION OF CULTURAL AFFAIRS
MARYLAND STATE ARTS COUNCIL

PURPOSE

A. TO BRING YOUNG PEOPLE IN DIRECT CONTACT WITH POETS, VISUAL AND PERFORMING ARTISTS, AND PERFORMING COMPANIES.
B. TO DEMONSTRATE THE VALUE AND EFFECTIVENESS OF THE ARTS IN THE EDUCATIONAL PROCESS.
C. TO PROVIDE ACCESS AND FINANCIAL ASSISTANCE TO HIGH QUALITY ARTS RESOURCES FOR SCHOOLS AND OTHER EDUCATIONAL AND COMMUNITY AGENCIES.
D. TO PROVIDE A SUPPLEMENTARY SOURCE OF INCOME FOR PARTICIPATING POETS, ARTISTS AND COMPANIES.
E. TO RENDER TECHNICAL ASSISTANCE TO THE ABOVE IN DEVELOPING ARTS PROGRAMS FOR YOUTH.

USE OF FUNDS

FOR FEES AND EXPENSES OF PARTICIPATING ARTISTS, POETS, AND PERFORMERS AND COMPANIES; FOR MATERIAL AND SUPPLIES NEEDED TO CARRY OUT RESIDENCY PROGRAMS; FOR TRAVEL AND EXPENSES OF AIE PROGRAM MONITORS, EVALUATORS, PANELISTS, AND STAFF; FOR DOCUMENTATION AND PUBLICITY.

TYPE OF ASSISTANCE: GRANT
TECHNICAL ASSISTANCE

INFORMATION CONTACT

LINDA VLASAK, AIE PROGRAM DIRECTOR
MARYLAND STATE ARTS COUNCIL
15 W. MULBERRY STREET
BALTIMORE, MARYLAND 21204
(301) 685-6740

FY'84 FUNDING AND ACTIVITY

1983-84 PARTICIPANTS:
10 VISUAL ARTISTS
21 POETS
92 MUSICIANS AND SINGERS
593 SCHOOLS AND 4 OTHER SITES
42 DANCERS
67 THEATER PERFORMERS

FY'85/86 FUNDING LEVEL

$116,795

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3a.01.01.01 - 31.001
FOOD AND NUTRITION PROGRAMS

ADMINISTERING AGENCY

MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF ADMINISTRATION & FINANCE
200 WEST BALTIMORE STREET
BALTIMORE, MD., 21201

PURPOSE

TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN THROUGH MORE ADEQUATE NUTRITION; TO ENCOURAGE THE EFFECTIVE DISSEMINATION OF SCIENTIFICALLY VALID INFORMATION TO CHILDREN PARTICIPATING OR ELIGIBLE TO PARTICIPATE IN THE SCHOOL LUNCH OR RELATED CHILD NUTRITION PROGRAMS.

USE OF FUNDS

TO PROVIDE REIMBURSEMENT FOR MEALS SERVED.

TYPE OF ASSISTANCE: GRANT
DIRECT LOAN

INFORMATION CONTACT

CHIEF OF THE EDUCATIONAL SUPPORT SERVICES BRANCH
301-659-2600

FY'84 FUNDING & ACTIVITY

$46,636,162

FY'85/86 FUNDING LEVEL

$48,900,446

3a.01.01.11 - 31.050
DRIVER EDUCATION

ADMINISTERING AGENCY

MARYLAND STATE DEPARTMENT OF EDUCATION
200 W. BALTIMORE STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE DRIVER EDUCATION FUNDING AND PROGRAM DEFINITION TO LOCAL SCHOOL SYSTEMS IN MD.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

DRIVER EDUCATION SPECIALIST
301-659-2331

FY'84 FUNDING & ACTIVITY

STATE REIMBURSEMENT IS PAID AT $65/STUDENT. $1,936,805 WAS PAID IN FY '84. $2,000,000 IS BUDGETED FOR FY '85.

FY'85/86 FUNDING LEVEL

$2,000,000

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36.01.01.11 - 31.052
TRANSITION PROGRAM FOR REFUGEE CHILDREN

ADMINISTERING AGENCY

DIVISION OF INSTRUCTION
MARYLAND STATE DEPARTMENT OF EDUCATION
300 W. BALTIMORE STREET
BALTIMORE, MD., 21201

PURPOSE

THE TRANSITION PROGRAM FOR REFUGEE CHILDREN IS DESIGNED TO MEET THE EDUCATIONAL NEEDS OF REFUGEE CHILDREN OF LIMITED ENGLISH PROFICIENCY AND TO PROVIDE INSTRUCTION THAT WILL ENABLE THEM TO ACHIEVE PROFICIENCY IN ENGLISH.

USE OF FUNDS

FUNDING FOR (1) INSTRUCTIONAL PERSONNEL; (2) INSTRUCTIONAL MATERIALS; (3) INSERVICE.

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

SPECIALIST IN FOREIGN AND SECOND LANGUAGE LEARNING.
301-659-2352

36.01.01.12 - 31.100
DISRUPTIVE YOUTH

ADMINISTERING AGENCY

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF COMPENSATORY, URBAN AND SUPPLEMENTARY PROGRAMS
200 W. BALTIMORE STREET
BALTIMORE, MD., 21201

PURPOSE

TO REDUCE THE PROBLEMS OF STUDENT DISRUPTION IN SCHOOLS. PROGRAM PROVIDES ALTERNATIVES FOR BOTH THE DISRUPTIVE AND POTENTIALLY DISRUPTIVE STUDENT.

USE OF FUNDS

TO ESTABLISH SPECIAL PROGRAMS FOR PUBLIC SCHOOL STUDENTS WHO EXHIBIT DISRUPTIVE CLASSROOM BEHAVIOR.

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

CHIEF, PUPIL SERVICES BRANCH
301-659-2433

FY'84 FUNDING & ACTIVITY

NUMBER OF PROJECTS: 33 (19 LEAS)
AVERAGE AWARD AMOUNT: $97,505 - $1,350
TOTAL AWARD AMOUNT: $534,242

FY'85/86 FUNDING LEVEL

FISCAL YEAR 1985 - $544,927
FISCAL YEAR 1986 ESTIMATE - $542,256

36.01.01.12 - 31.101
ECIA CHAPTER I

ADMINISTERING AGENCY

MARYLAND DEPARTMENT OF EDUCATION
DIVISION OF COMPENSATORY, URBAN AND SUPPLEMENTARY PROGRAMS
200 W. BALTIMORE STREET
BALTIMORE, MD., 21201

PURPOSE

TO IMPROVE THE ACADEMIC PERFORMANCE OF LOW-ACHIEVING CHILDREN WHO RESIDE IN SCHOOL ATTENDANCE AREAS WITH HIGH CONCENTRATIONS OF POVERTY THROUGH DEVELOPING AND IMPLEMENTING SUPPLEMENTAL COMPENSATORY EDUCATION PROGRAMS, PRIMARILY IN BASIC SKILLS, TO MEET THE SPECIAL EDUCATIONAL NEEDS OF LOW-ACHIEVING CHILDREN WHO RESIDE IN NEIGHBORHOODS WITH HIGH CONCENTRATIONS OF POVERTY.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

CHIEF, COMPENSATORY EDUCATION BRANCH
301-659-2426

FY'84 FUNDING & ACTIVITY

NUMBER OF PROJECTS: 24 LEAS
AVERAGE AWARD AMOUNT: $24,465,000 - $200,400
TOTAL AMOUNT OF AWARD: $45,994,986

FY'85/86 FUNDING LEVEL

FISCAL YEAR 1985 ALLOCATION: 84.010 - $51,387.719; 84.013-$849,109
FISCAL YEAR 1986 ESTIMATED ALLOCATION: 84.010 - $54,456,492

36.01.01.12 - 31.102
THE EXTENDED ELEMENTARY EDUCATION PROGRAM (EEEP)

ADMINISTERING AGENCY

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF COMPENSATORY, URBAN AND SUPPLEMENTARY PROGRAMS
200 W. BALTIMORE ST., BALTIMORE, MD 21201

PURPOSE

TO COORDINATE A PRESCHOOL PROGRAM WITH KINDERGARTEN AND THE EARLY ELEMENTARY SCHOOL PROGRAM (PREKINDERGARTEN THROUGH GRADE 3).

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

CHIEF, EARLY CHILDHOOD EDUCATION BRANCH, 301-659-2404

FY'84 FUNDING & ACTIVITY

NUMBER OF PROJECTS: 10 LEAS
AVERAGE AWARD AMOUNT: $200,000
TOTAL AWARD AMOUNT: $2,174,825

FY'85/86 FUNDING LEVEL

FISCAL YEAR 1985 - $2,218,321
FISCAL YEAR 1986 ESTIMATED - $2,329,237

36.01.01.12 - 31.103
MIGRANT EDUCATION

ADMINISTERING AGENCY

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF COMPENSATORY, URBAN AND SUPPLEMENTARY PROGRAMS
200 W. BALTIMORE STREET
BALTIMORE, MD., 21201

PURPOSE

ENABLE STATE EDUCATIONAL AGENCIES (SEAS) TO ESTABLISH OR IMPROVE STATE MIGRANT EDUCATION PROGRAMS DESIGNED TO MEET THE SPECIAL EDUCATIONAL NEEDS OF CHILDREN OF MIGRATORY AGRICULTURAL WORKERS AND MIGRATORY FISHERS; INCLUDING THE TRANSFER OF SCHOOL RECORDS AND OTHER INFORMATION ABOUT ELIGIBLE MIGRATORY CHILDREN.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

CHIEF, MIGRANT EDUCATION BRANCH
301-659-2412

FY'84 FUNDING & ACTIVITY

NUMBER OF PROJECTS: 8 LEAS
AVERAGE AWARD AMOUNT: $60,000
TOTAL AWARD AMOUNT: $519,601

FY'85/86 FUNDING LEVEL

FISCAL YEAR 1985 - $448,910
FISCAL YEAR 1986 - $448,919 OR LESS

36.01.01.12 - 31.104
STATE COMPENSATORY EDUCATION

ADMINISTERING AGENCY

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF COMPENSATORY, URBAN AND SUPPLEMENTARY PROGRAMS
200 W. BALTIMORE STREET
BALTIMORE, MD., 21201

PURPOSE

PREVENTIVE PROGRAM TO IMPROVE THE ACADEMIC SKILLS OF STUDENTS GRADES PREKINDERGARTEN THROUGH 12 WITH SPECIAL EDUCATIONAL NEEDS THAT HAVE RESULTED FROM EDUCATIONALLY OR ECONOMICALLY DISADVANTAGED ENVIRONMENTS.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

CHIEF, COMPENSATORY EDUCATION BRANCH
301-659-2426

FY'84 FUNDING & ACTIVITY

NUMBER OF PROJECTS: 24 LEAS
AVERAGE AWARD AMOUNT: $2,565,900 - $31,050
TOTAL AMOUNT OF AWARDS: $5,487,705

FY'85/86 FUNDING LEVEL

FISCAL YEAR 1985 - $7,626,430
FISCAL YEAR 1986 ESTIMATED - $7,540,960

36.01.01.14 - 31.150
VOCATIONAL-TECHNICAL EDUCATION

ADMINISTERING AGENCY

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL-TECHNICAL EDUCATION
200 W. BALTIMORE STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE ACCESS TO QUALITY VOCATIONAL-TECHNICAL EDUCATION PROGRAMS, SERVICES AND ACTIVITIES AT THE SECONDARY, COMMUNITY COLLEGE AND ADULT EDUCATION LEVELS.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

ASSISTANT STATE SUPERINTENDENT FOR VOCATIONAL-TECHNICAL EDUCATION
301-659-2075

FY'84 FUNDING & ACTIVITY

24 LOCAL SCHOOL SYSTEMS AND 17 COMMUNITY COLLEGES, APPROXIMATELY 12,200,000 FOR FY 86.

FY'85/86 FUNDING LEVEL

APPROXIMATELY $12,300,000.

36.01.01.16 - 31.200
ITV FIELD SERVICES

ADMINISTERING AGENCY

DEPARTMENT OF EDUCATION
DIVISION OF INSTRUCTIONAL TELEVISION

PURPOSE

TO ASSIST LEA'S IN UTILIZING ITV PROGRAMMING IN SCHOOLS. CORRELATING PROGRAMMING WITH LEA CURRICULA, PROVIDING PRINT SUPPORT MATERIALS, DISTRIBUTING PROGRAMS VIA OPEN-CIRCUIT BROADCAST AND VIDEOTAPE, AND CONDUCTING INSERVICE FOR LEA STAFFS COMPRISE ACTIVITIES GEARED TOWARD ACHIEVING SUCH UTILIZATION.

USE OF FUNDS

TYPE OF ASSISTANCE: TECHNICAL ASSISTANCE

INFORMATION CONTACT

MR. ROBERT J. GUNTHER
CHIEF, FIELD SERVICES BRANCH
DIVISION OF INSTRUCTIONAL TELEVISION
MARYLAND CENTER FOR PUBLIC BROADCASTING
11767 BONITA AVENUE
OWINGS MILLS, MD., 21117
301-337-4211

36.01.01.18 - 31.300
THE HIGH SCHOOL DIPLOMA PROGRAM (GED)

ADMINISTERING AGENCY

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF CERTIFICATION AND ACCREDITATION
200 W. BALTIMORE STREET
BALTIMORE, MD 21201

PURPOSE

TO ESTABLISH AND MAINTAIN TEST CENTERS AND TO AWARD HIGH SCHOOL DIPLOMAS.

USE OF FUNDS

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

BRANCH CHIEF, GED.
659-2141

FY'84 FUNDING & ACTIVITY

$136,710 FOR STAFF SALARIES AND EXPENSES.
$111,449 FOR TEST PROCTORS, TESTING MATERIALS, AND ADP EQUIPMENT AND SERVICE.

FY'85/86 FUNDING LEVEL

$171,628 FOR STAFF SALARIES AND EXPENSES.
$101,116 FOR TEST PROCTORS, TESTING MATERIALS, AND ADP EQUIPMENT AND SERVICE.

36.05.01.02 - 31.800
MARYLAND SCHOOL FOR THE DEAF (COLUMBIA)

ADMINISTERING AGENCY

MARYLAND SCHOOL FOR THE DEAF
ROUTE 108 AND MONTGOMERY ROAD
COLUMBIA, MARYLAND 21044
OR
THE MARYLAND SCHOOL FOR THE DEAF
101 CLARKE PLACE
FREDERICK, MD 21701

PURPOSE

TO PROVIDE ACADEMIC AND VOCATIONAL EDUCATION SERVICES TO SCHOOL AGE RESIDENTS OF THE STATE WHO ARE DEAF AND IN NEED OF SUCH A SPECIALIZED, COMPREHENSIVE AND SEQUENTIAL PROGRAM. THE DEVELOPMENT OF COMMUNICATION SKILLS IS HEAVILY EMPHASIZED. COLUMBIA CAMPUS SPECIALIZES IN ELEMENTARY EDUCATION SERVICES TO ELEMENTARY SCHOOL AGE DEAF RESIDENTS OF THE STATE.

USE OF FUNDS

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

SUPERINTENDENT
662-4159

FY'84 FUNDING & ACTIVITY

FREDERICK CAMPUS:
256 FULL TIME STUDENTS
STATE GENERAL FUND EXPENDITURES $4,977,506
FY '84 FEDERAL FUNDS EXPENDITURE - $359,871

COLUMBIA CAMPUS:
118 FULL TIME PUPILS
STATE GENERAL FUND EXPENDITURES $2,383,628
FY '84 FEDERAL FUNDS EXPENDITURE - $106,772

FY'85/86 FUNDING LEVEL

FREDERICK CAMPUS:
FY 85 STATE GENERAL FUND APPROPRIATIONS $5,894,697
FY 86 STATE GENERAL FUNDS REQUESTED $6,591,751
FY '85 FEDERAL FUNDS APPROPRIATION - $312,146
FY '86 FEDERAL FUNDS REQUEST $261,826

COLUMBIA CAMPUS:
FY 85 STATE GENERAL FUND APPROPRIATIONS $2,832,079
FY 86 STATE GENERAL FUNDS REQUESTED $3,382,059
FY '85 FEDERAL FUNDS APPROPRIATION - $103,672
FY '86 FEDERAL FUNDS REQUEST $56,456

36.05.01.02 - 31.801
FAMILY EDUCATION AND EARLY INTERVENTION PROGRAM FOR DEAF CHILDREN AND THEIR FAMILIES

ADMINISTERING AGENCY

THE MARYLAND SCHOOL FOR THE DEAF
101 CLARKE PLACE
FREDERICK, MARYLAND 21701

PURPOSE

FAMILY EDUCATION AND EARLY INTERVENTION SERVICES ARE OFFERED ON A PART-TIME BASIS AT FREDERICK AND ON AN ITINERANT BASIS TO FAMILIES IN THE OUTLYING COUNTIES OF MARYLAND. INSTRUCTION IN COMMUNICATION IS OFFERED TO ALL MEMBERS OF THE FAMILY AND SPECIAL INSTRUCTION IN COMMUNICATION IS OFFERED THE PRESCHOOL CHILDREN.

USE OF FUNDS

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

SUPERINTENDENT
662-4159

FY'84 FUNDING & ACTIVITY

50 CHILDREN SERVED. PROGRAM IS FUNDED WITH THE SCHOOL'S GENERAL OPERATING BUDGET.

36.05.01.02 - 31.803
TRANSITIONAL DEPARTMENT FOR SPECIAL DEAF CHILDREN

ADMINISTERING AGENCY

MARYLAND SCHOOL FOR THE DEAF, COLUMBIA CAMPUS OPERATES WITH MARYLAND SCHOOL FOR THE DEAF, FREDERICK CAMPUS UNDER THE GENERAL SUPERVISION OF A BOARD OF VISITORS, THE MEMBERS OF WHICH ARE APPOINTED BY THE GOVERNOR. THE CHIEF EXECUTIVE IS THE SUPERINTENDENT.

PURPOSE

THE BASIC OBJECTIVE OF THE TRANSITIONAL DEPARTMENT FOR SPECIAL DEAF CHILDREN IS THAT, THROUGH THE PROVISION OF ADDITIONAL SERVICES AND THERAPIES, DEAF STUDENTS (AGED 4-10) WITH ADDITIONAL HANDICAPS WILL BE ABLE TO TRANSFER INTO THE REGULAR PROGRAM FOR DEAF STUDENTS BY THE INTERMEDIATE LEVEL. CLASSROOMS EQUIPPED WITH SOPHISTICATED ELECTRONIC SYSTEMS FOR THE AMPLIFICATION OF SOUND.

USE OF FUNDS

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

SUPERINTENDENT
662-4159

FY'84 FUNDING & ACTIVITY

FOURTEEN CHILDREN SERVED.
PROGRAM IS FUNDED WITH THE SCHOOL'S GENERAL OPERATING BUDGET.

38.03.00.03 - 35.100
JOB SERVICE

ADMINISTERING AGENCY

DEPARTMENT OF EMPLOYMENT AND TRAINING
JOB TRAINING AND PLACEMENT ADMINISTRATION
1123 NORTH EUTAW STREET
BALTIMORE, MARYLAND 21201

PURPOSE

TO PROVIDE LABOR EXCHANGE SERVICES TO JOB SEEKERS AND EMPLOYERS. SERVICES ARE AVAILABLE THROUGH OFFICES LOCATED IN 22 COUNTIES AND BALTIMORE CITY.

USE OF FUNDS

THE JS ADMINISTERS APTITUDE AND PROFICIENCY TESTS TO SERVE AS AIDS IN COUNSELING AND PLACEMENT OF WORKERS. TECHNICAL ASSISTANCE TO EMPLOYERS INCLUDES TESTING, LABOR MARKET INFORMATION, JOB ANALYSIS, APPRENTICESHIP INFORMATION, ALIEN CERTIFICATION, AGRICULTURAL JOB ORDERS AND CLEARANCE SYSTEM, AND REFERRAL AND PLACEMENT SERVICES. SPECIAL SERVICES ARE AVAILABLE TO TARGETED GROUPS: DISLOCATED WORKERS, VETERANS, DISABLED VETERANS, MIGRANT AND SEASONAL FARMWORKERS, AND FOOD STAMPS RECIPIENTS REQUIRED TO REGISTER FOR WORK.
THE JS REFERS APPLICANTS TO JOB OPENINGS LISTED ON THE JOB BANK SYSTEM.

TYPE OF ASSISTANCE: INFORMATION
SERVICES
TECHNICAL ASSISTANCE

INFORMATION CONTACT

DEPARTMENT OF EMPLOYMENT AND TRAINING
JOB TRAINING AND PLACEMENT ADMINISTRATION
383-5107

FY'84 FUNDING & ACTIVITY

JOB SERVICE $11,398,642 NEW APPLICANTS & RENEWALS 102,482
VETERANS+ 1,623,730 NEW APPLICANTS & RENEWALS 13,763
+THIS FIGURE COMBINES LOCAL VETERANS AND DISABLED VETERANS FUNDS.

FY'85/86 FUNDING LEVEL

FEDERAL FISCAL YEAR 1985 JOB SERVICE $12,567,641
VETERANS+ $ 1,820,693
+THIS FIGURE COMBINES LOCAL VETERANS AND DISABLED VETERANS FUNDS.

38.03.00.03 - 35.101
JOB TRAINING PARTNERSHIP ACT

ADMINISTERING AGENCY

DEPARTMENT OF EMPLOYMENT AND TRAINING
JOB TRAINING AND PLACEMENT ADMINISTRATION
1123 NORTH EUTAW STREET
BALTIMORE, MARYLAND 21201

PURPOSE

TO ESTABLISH PROGRAMS TO PREPARE YOUTH AND UNSKILLED ADULTS FOR ENTRY INTO THE LABOR FORCE AND TO AFFORD JOB TRAINING TO THOSE ECONOMICALLY DISADVANTAGED INDIVIDUALS AND OTHER INDIVIDUALS FACING SERIOUS BARRIERS TO EMPLOYMENT, WHO ARE IN SPECIAL NEED OF SUCH TRAINING TO OBTAIN PRODUCTIVE EMPLOYMENT. •

USE OF FUNDS

TRAINING SERVICES FOR THE DISADVANTAGED UNDER TITLE IIA. SUMMER YOUTH EMPLOYMENT AND TRAINING PROGRAM UNDER TITLE IIB. EMPLOYMENT AND TRAINING ASSISTANCE FOR DISLOCATED WORKERS UNDER TITLE III.

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

DEPARTMENT OF EMPLOYMENT AND TRAINING
JOB TRAINING AND PLACEMENT ADMINISTRATION
383-5107

FY'84 FUNDING & ACTIVITY

FY'84 FUNDING LEVEL: $92,155,031 (FEDERAL)
DURING THE PERIOD OCTOBER 1, 1983 - JUNE 30, 1984_, 81% OF TITLE IIA ADULT TRAINEES ENTERED UNSUBSIDIZED EMPLOYMENT; 71% OF TITLE IIA ADULT-WELFARE TRAINEES ENTERED UNSUBSIDIZED EMPLOYMENT; 73% OF TITLE IIA YOUTH ENTERED UNSUBSIDIZED EMPLOYMENT; 66% OF TITLE III DISLOCATED WORKERS ENTERED UNSUBSIDIZED EMPLOYMENT.

FY'85/86 FUNDING LEVEL

FY'85 FUNDING LEVEL $92,238,936 (FEDERAL)

LABOR MARKET INFORMATION

ADMINISTERING AGENCY

DEPARTMENT OF EMPLOYMENT & TRAINING
RESEARCH & ANALYSIS DIVISION

PURPOSE

TO MEASURE EMPLOYMENT AND UNEMPLOYMENT. ANALYZE STATE AND LOCAL LABOR MARKETS TO DETERMINE ECONOMIC CONDITIONS INCLUDING LABOR MARKET SUPPLY AND DEMAND, WAGES, AND A VARIETY OF OTHER RELATED STATISTICAL DATA. TO SERVE ON MANPOWER AND TRAINING COORDINATING COMMITTEES ACTING AS A SOURCE AND PROVIDER OF LABOR MARKET INFORMATION.

USE OF FUNDS

TYPE OF ASSISTANCE: INFORMATION

INFORMATION CONTACT

RESEARCH AND ANALYSIS DIVISION
1100 NORTH EUTAW STREET
BALTIMORE, MD 21201
383-5000

121

38.03.00.03 - 35.102
TARGETED JOBS TAX CREDIT

ADMINISTERING AGENCY

DEPARTMENT OF EMPLOYMENT AND TRAINING
JOB TRAINING AND PLACEMENT ADMINISTRATION
1123 NORTH EUTAW STREET
BALTIMORE, MARYLAND 21201

PURPOSE

TO PROMOTE THE HIRING OF TARGET GROUP INDIVIDUALS PARTICULARLY IN DISTRESSED AREAS, BY PROVIDING INCENTIVES, IN THE FORM OF TAX CREDITS, TO EMPLOYERS.

USE OF FUNDS

CERTIFICATION OF TAX CREDITS FOR EMPLOYERS. VOUCHERING ELIGIBLE PROSPECTIVE WORKERS.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SUPERVISOR, TARGETED JOBS TAX CREDIT UNIT
383-7500

FY'84 FUNDING & ACTIVITY

NUMBER OF EMPLOYER CERTIFICATIONS ISSUED: 11,000
FY'84 FUNDING LEVEL: $639,033 (FEDERAL)

FY'85/86 FUNDING LEVEL

FUNDING REQUEST FOR FY'85 - $515,230 (FEDERAL)

38.03.00.03 - 35.103
WORK INCENTIVE PROGRAM (WIN)

ADMINISTERING AGENCY

DEPARTMENT OF EMPLOYMENT & TRAINING
JOB TRAINING & PLACEMENT ADMINISTRATION
1123 NORTH EUTAW STREET
BALTIMORE, MARYLAND 21201

PURPOSE

TO EXPEDITE THE EMPLOYMENT OF EMPLOYABLE APPLICANTS AND RECIPIENTS OF AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC).

USE OF FUNDS

THE WIN PROGRAM PROVIDES LIMITED TRAINING, COUNSELING, SUPPORTIVE SERVICES AND JOB PLACEMENT. WHILE IN TRAINING, THE ENROLLEE RECEIVES AN INCENTIVE PAYMENT AND ALLOWANCES FOR SPECIFIED EXPENSES INCIDENT TO PARTICIPATION IN THE TRAINING, IN ADDITION TO THE CONTINUATION OF THE REGULAR ASSISTANCE GRANT.

TYPE OF ASSISTANCE: DIRECT SUBSIDY
SERVICES

INFORMATION CONTACT

DEPARTMENT OF HUMAN RESOURCES
OFFICE OF THE SECRETARY 383-5070
OFFICE OF THE DEPUTY SECRETARY 383-4510
OFFICE OF GOVERNMENT & COMMUNITY RELATIONS 383-4796
JOBS HOTLINE 1-800-422-JOBS

FY'84 FUNDING & ACTIVITY

TOTAL FUNDING: $1,867,789 (FEDERAL)
TOTAL REGISTRATIONS: 10,360
TOTAL ENTERED EMPLOYMENT: 3,842
TOTAL ENTERED TRAINING: 2,697

FY'85/86 FUNDING LEVEL

FY'85 FUNDING LEVEL: $4,343,753 (FEDERAL)

23.01.01.09 - 38.101
HUMAN SERVICE PROGRAM IDENTIFICATION AND EVALUATION

ADMINISTERING AGENCY

EXECUTIVE DEPARTMENT - STATE OFFICE FOR HANDICAPPED INDIVIDUALS

PURPOSE

IDENTIFIES AND EVALUATES PROGRAMS AND SERVICES FOR THE DISABLED IN MARYLAND. EVALUATION INCLUDES ANALYSES OF BUDGET, EXTENT OF COORDINATION WITH OTHER AGENCIES, NATURE OF DISABLED PERSONS SERVED AND COMPLIANCE WITH FEDERAL REGULATIONS.

USE OF FUNDS

TYPE OF ASSISTANCE: INFORMATION
SERVICES
TECHNICAL ASSISTANCE

INFORMATION CONTACT

JOHN A. LANCASTER, DIRECTOR
STATE OFFICE FOR HANDICAPPED INDIVIDUALS (ALSO KNOWN AS THE GOVERNOR'S OFFICE FOR HANDICAPPED INDIVIDUALS - GOHI)
OLD ARMORY BLDG., 11 BLADEN BLVD.
ANNAPOLIS, MD. 21401
BALT-METRO AREA
(301) 269-2908 (VOICE/TDD)
WASH-METRO AREA
(301) 261-2525 X2908; 261-2658 (TDD)

23.01.01.09 - 38.102
INFORMATION & REFERRAL SERVICE FOR DISABLED PERSONS

ADMINISTERING AGENCY

EXECUTIVE DEPARTMENT - STATE OFFICE FOR HANDICAPPED INDIVIDUALS

PURPOSE

PROVIDES INFORMATION AND REFERRAL ON PROGRAMS AND SERVICES FOR DISABLED PERSONS TO CONSUMERS, SERVICE PROVIDERS, GENERAL GOVERNEMNT AND LEGISLATORS FROM MARYLAND AND OTHER STATES. ATTEMPTS TO REFER PERSONS TO LOCAL SOURCES OF ASSISTANCE AS MUCH AS POSSIBLE. INCLUDES TRACKING PROPOSED BILLS DURING EACH SESSION OF THE MARYLAND GENERAL ASSEMBLY, AFFECTING DISABLED PERSONS, AND PROVIDING WEEKLY LEGISLATIVE SUMMARIES TO INTERESTED PERSONS/ORGANIZATIONS/ LEGISLATORS.

USE OF FUNDS

TYPE OF ASSISTANCE: INFORMATION
SERVICES

INFORMATION CONTACT

JOHN A. LANCASTER, DIRECTOR
STATE OFFICE FOR HANDICAPPED INDIVIDUALS (ALSO KNOWN AS THE GOVERNOR'S OFFICE FOR HANDICAPPED INDIVIDUALS - GOHI)
OLD ARMORY BLDG., 11 BLADEN BLVD.
ANNAPOLIS, MD. 21401
BALT-METRO AREA
(301) 269-2908 (VOICE/TDD)
WASH-METRO AREA
(301) 261-2525, EXT. 2908; 261-2658 (TDD ONLY)

23.01.01.10 - 38.200
OFFICE FOR CHILDREN AND YOUTH

ADMINISTERING AGENCY

EXECUTIVE DEPARTMENT
OFFICE OF THE GOVERNOR

PURPOSE

THE OFFICE ASSISTS OPERATING AGENCIES, LOCAL GOVERNMENTS, AND ORGANIZATIONS IN CARRYING OUT THEIR FUNCTIONS RELATING TO CHILDREN AND YOUTH EFFICIENTLY, ECONOMICALLY, AND EFFECTIVELY AND HELPS FAMILIES AND THE GENERAL PUBLIC LEARN ABOUT SUCH PROGRAMS AND SERVICES. THE OFFICE EXAMINES PROGRAMS, SERVICES, AND PLANS FOR CHILDREN UNDER THE AGE OF 18 FOR THE PURPOSE OF IDENTIFYING DUPLICATIONS, INEFFICIENCIES, EFFECTIVENESS OF PROGRAMS, RESOURCES, AND UNMET NEEDS. THE OFFICE FUNCTIONS AS AN ADVOCATE FOR CHILDREN AND YOUTH.

USE OF FUNDS

ASSISTS FAMILIES AND THE GENERAL PUBLIC WITH INFORMATION ABOUT CHILDREN AND YOUTH SERVICES.
FORMULATES RECOMMENDATIONS TO THE GOVERNOR ON PLANNING AND EXPENDITURES FOR CHILDREN'S SERVICES.
RECEIVES ADVICE FROM LOCAL JURISDICTIONS ON THE NEEDS AND PRIORITIES OF CHILDREN AND YOUTH.
COORDINATES EFFORTS OF LOCAL CHILDREN'S COUNCILS AND WORKS WITH CHILDREN AND YOUTH ADVOCACY GROUPS.
ADVISES THE STATE LEGISLATURE ON THE NEEDS OF CHILDREN AND YOUTH.
RAISES PUBLIC AWARENESS ABOUT THE NEEDS OF CHILDREN AND YOUTH.

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

JOHN E. KYLE, EXECUTIVE DIRECTOR
OFFICE FOR CHILDREN AND YOUTH
301 W. PRESTON STREET, SUITE 1502
BALTIMORE, MD., 21201
301-225-1290

FY'84 FUNDING & ACTIVITY

129,438 (OPERATING BUDGET)

FY'85/86 FUNDING LEVEL

FY 85 APPROPRIATION $189,646
FY 86 ESTIMATED $197,064

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

32.11.01.01 - 49.026

EDUCATION CONSOLIDATION IMPROVEMENT ACT (ECIA) CHAPTER 1

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HERBERT R. O'CONOR BLDG.
201 W. PRESTON STREET
BALTIMORE, MD., 21201

PURPOSE

TO PROVIDE A SUPPLEMENTARY FREE AND APPROPRIATE EDUCATION PROGRAM FOR THE HANDICAPPED AND DELINQUENT YOUTH WHICH EMPHASIZES SPECIAL AND REGULAR EDUCATION, AND RELATED SERVICES DESIGNED TO MEET THEIR UNIQUE NEEDS.

USE OF FUNDS

PROGRAM PLANNING AND EVALUATION, DEVELOPMENT OF PROFESSIONAL IN-SERVICE TRAINING, RESOURCES OF CONSULTATIVE EDUCATION SERVICES, DIRECTION WITHIN COMPLIANCE OF FEDERAL AND STATE REGULATIONS, LIAISON WITHIN ADMINISTRATIONS FOR PROGRAM SHARING, REVIEW AND MONITOR PROJECTS AND PROGRAMS, EVALUATION AND ENFORCEMENT OF APPROVED PROGRAMS.

TYPE OF ASSISTANCE: TECHNICAL ASSISTANCE

INFORMATION CONTACT

DIRECTOR OF EDUCATION, MHA/MRDDA
SUPERINTENDENT OF EDUCATION, JSA
225-6582
225-5062

32.11.02.02 - 49.027

ALCOHOLISM CONTROL ADMINISTRATION

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

TO DEVELOP, FACILITATE, AND SUPPORT A COMPREHENSIVE PROGRAM FOR THE TREATMENT, CONTROL AND PREVENTION OF ALCOHOLISM THROUGHOUT MARYLAND.

USE OF FUNDS

GRANTS FOR PROGRAMS AND SERVICES IN THE AREAS OF ALCOHOLISM TREATMENT AND REHABILITATION, ALCOHOL TRAFFIC SAFETY, EMPLOYEE ASSISTANCE PROGRAMS AND ALCOHOL AND DRUG ABUSE PREVENTION. TECHNICAL ASSISTANCE AND ADVISORY SERVICES ARE AVAILABLE ON ALCOHOLISM PROGRAM PLANNING AND DEVELOPMENT, PROGRAM MANAGEMENT, RESOURCE DEVELOPMENT, OCCUPATIONAL AND INDUSTRIAL PROGRAM DEVELOPMENT, MARYLAND ALCOHOLISM LAWS, HIGHWAY SAFETY PROGRAM DEVELOPMENT, ALCOHOL AND DRUG ABUSE PREVENTION PROGRAMMING, AND PUBLIC INFORMATION.

TYPE OF ASSISTANCE: GRANT
TECHNICAL ASSISTANCE

INFORMATION CONTACT

ALCOHOLISM CONTROL ADMINISTRATION
HERBERT O'CONOR BLDG., 4TH FLOOR
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
(301) 225-6541

FY'84 FUNDING & ACTIVITY

FY 1984 GRANT FUNDS AWARDED FOR COMMUNITY ALCOHOLISM PROGRAMS AND SERVICES, $11,248,177 WENT TO:
-67 COMMUNITY-BASED OUTPATIENT AND RESIDENTIAL ALCOHOLISM PROGRAMS,
-30 SUPPLEMENTAL GRANTS INCLUDING 15 TO LOCAL HEALTH DEPARTMENTS,
-3 REGIONAL ALCOHOL AND DRUG PREVENTION PROGRAMS,
-2 STATEWIDE OCCUPATIONAL EARLY INTERVENTION PROGRAMS,
-34 MINI-PREVENTION GRANTS

32.13.01.09 - 49.028
MARYLAND STATE PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

ADMINISTERING AGENCY

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HERBERT O'CONOR BLDG.
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

PURPOSE

TO PROMOTE A COMPREHENSIVE, COORDINATED COMMUNITY-BASED APPROACH TO ADDRESS THE NEEDS OF PERSONS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES. TO PLAN, TO COORDINATE, TO MONITOR, AND TO EVALUATE STATE EFFORTS ON BEHALF OF THESE PERSONS. TO ASSURE THEIR LEGAL AND HUMAN RIGHTS AND THEIR EQUITABLE RECEIPT OF SERVICES. TO PROVIDE PUBLIC INFORMATION, AWARENESS, AND EDUCATION TO FOSTER COMMUNITY INTEGRATION.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT
TECHNICAL ASSISTANCE

INFORMATION CONTACT

EXECUTIVE DIRECTOR,
MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL
(301) 225-5077

FY'84 FUNDING & ACTIVITY

IN RECENT FISCAL YEARS, THE PROGRAM HAS AWARDED BETWEEN $400,000 AND $450,000 OF FINANCIAL ASSISTANCE ANNUALLY. THE DOLLAR AMOUNT OF FINANCIAL AWARDS HAS RANGED FROM APPROXIMATELY $3,000 TO $125,000.

FY'85/86 FUNDING LEVEL

THE TOTAL DOLLR AMOUNT PROPOSED FOR DISTRIBUTION IN FISCAL YEARS 1985 AND 1986 RANGES FROM $400,000 TO $450,000 PER YEAR.

32.03.01.04 - 49.128
KIDNEY DISEASE PROGRAM OF MARYLAND

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
ASSISTANT SECRETARY FOR ADMINISTRATION

PURPOSE

PROVIDE FINANCIAL ASSISTANCE TO RESIDENTS OF THE STATE WITH END-STAGE RENAL DISEASE. FINANCIAL ASSISTANCE IS PROVIDED BY THIS PROGRAM ONLY AFTER ALL TYPES OF MEDICAL AND FEDERAL INSURANCE COVERAGE HAVE BEEN PURSUED.

USE OF FUNDS

MULTIPLE SERVICES SUCH AS HEMODIALYSIS, PERITONEAL DIALYSIS, KIDNEY TRANSPLANTS AND THE PROVISION OF ESSENTIAL DRUGS. THIS PROGRAM ALSO ADMINISTERS A FEDERALLY FUNDED PROJECT TO ENSURE THAT HOME DIALYSIS PATIENTS THROUGHOUT THE STATE RECEIVE THEIR NECESSARY EQUIPMENT AND SUPPLIES.

TYPE OF ASSISTANCE: INDIRECT SUBSIDY

INFORMATION CONTACT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
KIDNEY DISEASE PROGRAM OF MD.
201 W. PRESTON STREET 3RD FL.
BALTIMORE, MD., 21201
SUPERVISOR, PATIENT CERTIFICATION
(301) 225-5000

FY'84 FUNDING & ACTIVITY

	1984 ACTUAL
AVERAGE PATIENT POPULATION	1,853
GENERAL FUNDS	$2,710,451
SPECIAL FUNDS	$3,580,927
FEDERAL FUNDS	$1,126,659

FY'85/86 FUNDING LEVEL

	1985 ESTIMATED	1986 ESTIMATED
GENERAL FUNDS	$4,260,395	$4,045,585
SPECIAL FUNDS	$3,600,000	$3,660,000
FEDERAL FUNDS	$1,248,021	$1,379,915

32.17.01.02 - 49.151
MEDICAL ASSISTANCE PROGRAM

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
AND LOCAL DEPARTMENT OF SOCIAL SERVICES IN THE COUNTY
IN WHICH THE APPLICANT IS A RESIDENT.

PURPOSE

TO IMPROVE AND/OR MAINTAIN THE WELL-BEING OF ELIGIBLE
MARYLAND RESIDENTS BY ASSURING ACCESS TO APPROPRIATE
HEALTH CARE SERVICES USING AVAILABLE RESOURCES.

USE OF FUNDS

ON A PURCHASE-OF-CARE BASIS, THE MAJOR MANDATED BENEFITS ARE
HOSPITAL IN-PATIENT AND OUT-PATIENT SERVICES, SKILLED NURSING
FACILITY SERVICES, PHYSICIAN SERVICES, SCREENING AND DIAGNOS-
TIC SERVICES FOR CHILDREN, HOME HEALTH SERVICES, AND FAMILY
PLANNING SERVICES. MAJOR OPTIONAL BENEFITS INCLUDE INTERMED-
IATE CARE FACILITY SERVICES AND LIMITED PHARMACY SERVICES,
DENTAL SERVICES, VISION CARE SERVICES, PODIATRY SERVICES,
MEDICAL EQUIPMENT AND MEDICAL TRANSPORTATION.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

FOR QUESTIONS CONCERNING ELIGIBILITY FOR MEDICAL
ASSISTANCE, CALL LOCAL DEPARTMENT OF SOCIAL
SERVICES OR
225-1463

FY'84 FUNDING & ACTIVITY

F.Y. 1984 352.7 M GENERAL
254.3 M FEDERAL
607 M TOTAL FUNDS
AVERAGE MONTHLY ENROLLMENT 341,622

FY'85/86 FUNDING LEVEL

F. Y. 1985 406.7 M GENERAL FUNDS
285.7 M FEDERAL FUNDS
692.4 M TOTAL FUNDS
F. Y. 1986 430.5 M GENERAL FUNDS
748.9 M TOTAL FUNDS
ESTIMATED ENROLLMENT 346,000
PROJECTED ENROLLMENT 342,500

32.08.01.01 - 49.226
PLANNING, RESEARCH AND EVALUATIONS

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

THIS JUVENILE SERVICES ADMINISTRATION DIVISION COMPILES
STATISTICS, MONITORS, ASSESSES AND EVALUATES JUVENILE
SERVICES PROGRAMS VIA STUDIES, EDP MATERIALS. OUTSIDE
RESEARCH AND EVALUATION EFFORTS ARE SUPPORTED WITH LIMITED
RESOURCES ON JUVENILE JUSTICE ISSUES.

USE OF FUNDS

TYPE OF ASSISTANCE: TECHNICAL ASSISTANCE

INFORMATION CONTACT

MARTIN SCHUGAM, PH.D.
CHIEF, RESEARCH, INFORMATION SYSTEMS AND PLANNING
JUVENILE SERVICES ADMINISTRATION
201 W. PRESTON STREET
BALTIMORE, MD., 21201
225-5016

FY'84 FUNDING & ACTIVITY

$319,880 FUNDS USED TO PROVIDE JUVENILE SERVICES
ADMINISTRATION STAFF AND OPERATING COSTS.

FY'85/86 FUNDING LEVEL

'85 $387,526
'86 450,279 (ALLOWANCE)

AFTERCARE SERVICES

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO PROVIDE TREATMENT AND REHABILITATION FOR YOUTHS AS A PART OF THE TREATMENT TEAM DURING THE PERIOD OF INSTITUTIONALIZATION; PROVIDING A LINK BETWEEN CHILD AND HOME AND CONTINUING TO PROVIDE ON-GOING SERVICES AFTER RELEASE.

USE OF FUNDS

DIRECT COUNSELING, REFERRAL TO SPECIALIZED COUNSELING AND VOCATIONAL TRAINING AND EDUCATIONAL SERVICES TO YOUTHS TO ASSIST IN THEIR ADJUSTMENT WITHIN THE COMMUNITY.

INFORMATION CONTACT

MR. JAMES DEDES
ASSISTANT DIRECTOR - COURT & COMMUNITY SERVICES
(301) 225-5025

FY '84 FUNDING AND ACTIVITY

$1,376,167

FY '85/86 FUNDING LEVEL

$1,777,715

CLINICAL SERVICES

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO PROVIDE PSYCHOLOGICAL AND PSYCHIATRIC EVALUATIONS AT THE INTAKE LEVEL AND PRIOR TO JUVENILE COURT DISPOSITION TO ASSIST IN DECISION MAKING AND TO PROVIDE EVALUATIONS OF YOUTH UNDER THE CARE AND CUSTODY OF JSA IN DETERMINING TREATMENT NEEDS.

USE OF FUNDS

TO PROVIDE PSYCHOLOGICAL AND PSYCHIATRIC EVALUATIONS.

INFORMATION CONTACT

MR. JAMES DEDES
ASSISTANT DIRECTOR - COURT & COMMUNITY SERVICES
225-5025

FY '84 FUNDING AND ACTIVITY

$296,724

FY '85/86 FUNDING LEVEL

$322,442

COMMUNITY ARBITRATION

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

A SPECIALIZED INTAKE PROGRAM THAT CONFRONTS A YOUTH COMMITTING A MISDEMEANOR WITH THE SOCIAL COST OF HIS DELINQUENT ACT. YOUTH REPAY THE COMMUNITY FOR THEIR DELINQUENT ACTS BY WORKING A SPECIFIED NUMBER OF HOURS FOR A NON-PROFIT ORGANIZATION.

USE OF FUNDS

TO PROVIDE ARBITRATORS AT THE INTAKE LEVEL, AND SUPERVISION OF YOUTH ORDERED TO WORK A SPECIFIC NUMBER OF HOURS FOR A NON-PROFIT ORGANIZATION.

INFORMATION CONTACT

MR. JAMES DEDES
ASSISTANT DIRECTOR - COURT & COMMUNITY SERVICES
225-5025

FY '84 FUNDING AND ACTIVITY

$410,000

FY '85/86 FUNDING LEVEL

$580,000

FOSTER GRANDPARENTS

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO PROVIDE SUPPORTIVE COUNSELING AND NURTURING SERVICES TO YOUTH AND PARENTS.

USE OF FUNDS

TO PROVIDE COUNSELING AND SUPPORTIVE SERVICES TO YOUTH AND PARENTS WHO ARE RECEIVING SERVICES FROM JSA.

INFORMATION CONTACT

OLA JACKSON
DIRECTOR, FOSTER GRANDPARENT PROGRAM
383-3493

FY '84 FUNDING AND ACTIVITY

$188,000

FY '85/86 FUNDING LEVEL

$186,000

IN-HOME DETENTION AND COMMITMENT PROGRAMS

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO PROVIDE A COMMUNITY-BASED, IN-HOME ALTERNATIVE TO AN INSTITUTIONAL DETENTION OR COMMITMENT.

USE OF FUNDS

TO PROVIDE DAILY SUPERVISION AND COUNSELING TO YOUTH IN THEIR OWN HOME, AS AN ALTERNATIVE TO INSTITUTIONALIZATION.

INFORMATION CONTACT

MR. JAMES DEDES
ASSISTANT DIRECTOR - COURT & COMMUNITY SERVICES
225-5025

FY '84 FUNDING AND ACTIVITY

$500,000

FY '85/86 FUNDING LEVEL

$1,183,000

INTAKE

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO SCREEN AND ASSESS ACCORDING TO STANDARD GUIDELINES AND PROCEDURES ALL REFERRALS MADE TO JUVENILE SERVICES SO THAT THE JUVENILE AND HIS/HER FAMILY ARE GIVEN THE OPPORTUNITY TO RECEIVE NECESSARY SERVICES WHICH INCLUDE THE JUVENILE COURT, APPROPRIATE COMMUNITY RESOURCES, VOLUNTARY SUPERVISION BY THE AGENCY, AND/OR FULL RELEASE INTO THE FAMILY STRUCTURE; TO AUTHORIZE DETENTION OR SHELTER CARE FOR THOSE JUVENILES WHO APPEAR TO NEED REMOVAL FROM THEIR HOMES AND/OR COMMUNITY PENDING COMPLETION OF THE SCREENING AND EVALUATION PROCESS.

USE OF FUNDS

SHORT TERM COUNSELING AND CRISIS INTERVENTION; SCREENING AND ASSESSING REFERRALS THROUGH INTERVIEWING AND INFORMATION GATHERING TECHNIQUES; COMMUNICATING INFORMATION CONCERNING DELIVERY OF SERVICES, RESOURCES AND REFERRALS TO APPROPRIATE RESOURCES.

INFORMATION CONTACT

MR. JAMES DEDES
ASSISTANT DIRECTOR - COURT & COMMUNITY SERVICES
225-5025

FY '84 FUNDING AND ACTIVITY

$2,573,796

FY '85/86 FUNDING LEVEL

$3,484,233

JUVENILE INSTITUTIONAL FACILITIES

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO PROVIDE FOR THE CARE, CUSTODY, TREATMENT AND REHABILITATION OF YOUNGSTERS WHO HAVE BEEN ADJUDICATED DELINQUENT; TO PROVIDE DIAGNOSTIC AND EVALUATION SERVICES FOR YOUNGSTERS ADJUDICATED TO BE DELINQUENT OR IN NEED OF ASSISTANCE; TO PROVIDE DETENTION SERVICES TO YOUTH ALLEGED OR ADJUDICATED DELINQUENT.

USE OF FUNDS

TREATMENT SERVICES: - ENCOMPASSES DIRECT SERVICES TO COMMITTED YOUTH, INCLUDING COUNSELING; EDUCATIONAL; PRE-VOCATIONAL, VOCATIONAL, AND ON-THE-JOB TRAINING; RECREATIONAL; AND HEALTH RELATED SERVICES.
DIAGNOSIS AND EVALUATION SERVICES: - THIS SERVICE PROVIDED FOR THE JUVENILE COURT IS GEARED TOWARD DETERMINING THE PROBABLE CAUSE FOR BEHAVIOR WHICH BROUGHT THE CHILD TO THE ATTENTION OF THE COURT SYSTEM, AND TO MAKE RECOMMENDATIONS TO THE COURT IN KEEPING WITH THE CHILD'S NEEDS AND CURRENT RESOURCES.
DETENTION SERVICES: - THIS SERVICE PROVIDED FOR THE JUVENILE COURT ASSURES THE TEMPORARY CARE AND CUSTODY OF CHILDREN AWAITING COURT DISPOSITION. THE CHILDREN FOR WHOM THESE SERVICES ARE PROVIDED ARE CONSIDERED TO BE A THREAT TO THEMSELVES OR THE COMMUNITY.

INFORMATION CONTACT

MR. ROBERT HARRINGTON
ACTING ASSISTANT DIRECTOR, INSTITUTIONAL SERVICES
225-5060

FY '84 FUNDING AND ACTIVITY

$21,703,955

FY '85/86 FUNDING LEVEL

$32,353,054

MULTI-PURPOSE CENTERS

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

PRIMARY OBJECTIVE IS YOUTH DEVELOPMENT AND DELINQUENCY PREVENTION.

USE OF FUNDS

COUNSELING (INDIVIDUAL, FAMILY AND/OR GROUP), REFERRAL AND GENERAL INFORMATION SERVICES, CRISIS INTERVENTION, INFORMAL COUNSELING AND/OR DROP-IN.

INFORMATION CONTACT

MR. RONALD SCHMIDT
PREVENTION SPECIALIST
225-5045

FY '84 FUNDING AND ACTIVITY

$114,056

FY '85/86 FUNDING LEVEL

$120,004

MURPHY YOUTH SERVICE CENTER

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO PROVIDE NON-RESIDENTIAL TREATMENT AND REHABILITATION SERVICES TO YOUTH UNDER PROBATION/PROTECTIVE SUPERVISION OF AFTERCARE SUPERVISION.

USE OF FUNDS

VOCATIONAL EDUCATION, REMEDIAL EDUCATION, INDIVIDUAL AND GROUP COUNSELING.

INFORMATION CONTACT

MR. ARNOLD HAYES
DIRECTOR
383-6500

FY '84 FUNDING AND ACTIVITY

$574,000

FY '85/86 FUNDING LEVEL

$697,000

PROBATION AND PROTECTIVE SUPERVISION SERVICES

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO PROVIDE SUPERVISION, GUIDANCE AND COUNSELING FOR CHILDREN AND THEIR FAMILIES UNDER CONDITIONS SET FORTH BY THE COURT AND/OR THE JUVENILE SERVICES ADMINISTRATION.

USE OF FUNDS

PROVIDE COUNSELING FOR THE CHILD AND PARENTS. ASSIST CHILD IN RETURNING TO SCHOOL OR FINDING EMPLOYMENT.

INFORMATION CONTACT

MR. JAMES DEDES
ASSISTANT DIRECTOR, COURT & COMMUNITY SERVICES
225-5025

FY '84 FUNDING AND ACTIVITY

$4,723,943

FY '85/86 FUNDING LEVEL

$6,210,400

VOLUNTEER PROGRAM

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

TO PROVIDE AUXILIARY SUPPORT SERVICES TO YOUTH UNDER THE CARE AND CUSTODY OF JSA.

USE OF FUNDS

TO FUND THE RECRUITMENT AND COORDINATION OF VOLUNTEER SERVICES TO YOUTH UNDER THE CARE AND CUSTODY OF JSA.

INFORMATION CONTACT

S. JANE BRYANT
COORDINATOR OF VOLUNTEERS
321-3711

FY '84 FUNDING AND ACTIVITY

$68,734

FY '85/86 FUNDING LEVEL

$102,892

32.08.01.03 - 49.227
POSITIVE YOUTH DEVELOPMENT

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

PROVIDE TECHNICAL ASSISTANCE TO COMMUNITIES WHO WANT TO IMPACT ON DELINQUENCY PREVENTION THROUGH POSITIVE YOUTH DEVELOPMENT.

USE OF FUNDS

TYPE OF ASSISTANCE: TECHNICAL ASSISTANCE

INFORMATION CONTACT

RICK MILLER, PHD,
5401 WILKENS AVENUE
EM007, BALTO., MD., 21228
RONALD SCHMIDT, CHIEF OF PREVENTION
JUVENILE SERVICES ADMINISTRATION
201 W. PRESTON STREET
BALTO., MD., 21201
301-455-3239
301-225-5035

FY'84 FUNDING & ACTIVITY

$24,347 PROVIDE GRANT TO PROFESSIONAL DEVELOPMENT AND TRAINING CENTER, INC, WHO PROVIDES DIRECT TECHNICAL ASSISTANCE IN CONCERT WITH JSA STAFF.

FY'85/86 FUNDING LEVEL

'85 $35,872
'86 36,708 (REQUEST)

32.08.01.03 - 49.228
PURCHASE OF CARE (RESIDENTIAL)

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

PROVIDE COMMUNITY-BASED RESIDENTIAL CARE FOR CHILDREN COMMITTED TO JSA BY THE COURTS OR CHILDREN IN NEED OF SHORT TERM SHELTER. INCLUDES SHELTER CARE, FOSTER CARE, GROUP HOMES AND RESIDENTIAL TREATMENT PROGRAMS.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

CHARLES WILKINSON, ASSISTANT DIRECTOR COMMUNITY SERVICES
JUVENILE SERVICES ADMINISTRATION
201 W. PRESTON STREET
BALTO., MD., 21201
225-5035

FY'84 FUNDING & ACTIVITY

GRANTS $310,429
CONTRACTUAL SERVICES $7,165,103

FY'85/86 FUNDING LEVEL

FY'85 GRANTS - CONTRACTS $8,367,296
FY'86 GRANTS - CONTRACTS $8,713,656

BEST COPY AVAILABLE

32.08.01.03 - 49.229
PURCHASE OF NON-RESIDENTIAL SERVICES

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

SERVICES AS AN ALTERNATIVE TO REMOVING A CHILD FROM HIS/HER HOME.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

CHARLES WILKINSON, ASSISTANT DIRECTOR COMMUNITY SERVICES
JUVENILE SERVICES ADMINISTRATION
201 W. PRESTON STREET
BALTO., MD., 21201
225-5035

FY'84 FUNDING & ACTIVITY

GRANTS: $310,429
CONTRACTUAL SERVICES $1,071,532

FY'85/86 FUNDING LEVEL

'85 GRANTS $184,660 CONTRACTS $1,433,696
'86 GRANTS 190,053 CONTRACTS $1,340,216

132

32.08.01.03 - 49.230
RUNAWAY YOUTH HOMES

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO ASSIST EXISTING AND/OR DEVELOP COMMUNITY BASED HOMES AND SERVICES FOR RUNAWAY YOUTH.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

RONALD SCHMIDT
CHIEF OF PREVENTION
JUVENILE SERVICES ADMINISTRATION
201 W. PRESTON STREET
BALTO., MD., 21201
301-225-5045

FY'84 FUNDING & ACTIVITY

$245,334
FUNDED 4 HOMES. HOMES ALSO RECEIVE FEDERAL FUNDS.

FY'85/86 FUNDING LEVEL

'85 $194,877 (3 HOMES)
'86 $199,749 (3 HOMES) REQUEST

32.08.01.03 - 49.231
YOUTH DIVERSION PROGRAMS

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

DIVERT YOUTH ALLEGED TO BE DELINQUENT BUT NOT IN NEED OF COURT INTERVENTION TO A STRUCTURED COMMUNITY BASED TREATMENT PROGRAM.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

CHARLES WILKINSON, JR., ASSISTANT DIRECTOR
COMMUNITY SERVICES
JUVENILE SERVICES ADMINISTRATION
201 W. PRESTON STREET
BALTIMORE, MD., 21201
301-225-5035

FY'84 FUNDING & ACTIVITY

$636,093 CONTRACTS WITH FIVE (5)

FY'85/86 FUNDING LEVEL

'85 $636,093

32.08.01.03 - 49.232
YOUTH SERVICE BUREAUS

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

COMMUNITY BASED PROGRAM TO PROVIDE DELINQUENCY PREVENTION, YOUTH DEVELOPMENT AND AMELIORATION OF CONDITIONS WHICH BREED DELINQUENCY AND FAMILY DISRUPTION.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

RONALD SCHMIDT, CHIEF OF PREVENTION
JUVENILE SERVICES ADMINISTRATION
201 W. PRESTON STREET
BALTO., MD., 21201
301-225-5045

FY'84 FUNDING & ACTIVITY

'84 $1,658,143
GRANTS AWARDED TO 20 YOUTH SERVICES BUREAUS

FY'85/86 FUNDING LEVEL

'85 $1,833,843
'86 1,879,689 (REQUEST)

32.08.01.02 - 49.233
TRAINING AND STAFF DEVELOPMENT

ADMINISTERING AGENCY

JUVENILE SERVICES ADMINISTRATION

PURPOSE

TO PROVIDE PRE-SERVICE AND IN-SERVICE TRAINING AND ORGANIZATIONAL DEVELOPMENT TO JUVENILE SERVICES ADMINISTRATION'S STAFF AND ORGANIZATION. SUCH TRAINING MAY ALSO BE MADE AVAILABLE TO AGENCIES AND ORGANIZATIONS IN AND OUT OF STATE GOVERNMENT.

USE OF FUNDS

TYPE OF ASSISTANCE: TECHNICAL ASSISTANCE

INFORMATION CONTACT

THOMAS W. ALBERT, CHIEF
TRAINING AND ORGANIZATIONAL DEVELOPMENT
JUVENILE SERVICES ADMINISTRATION
DISTRICT MULTI-SERVICE CENTER, RM. 2065
3451 COURTHOUSE DRIVE
ELLICOTT CITY, MD., 21043
301-455-8760

FY'84 FUNDING & ACTIVITY

$442,280 ACTIVITY - FUNDING STAFF AND OPERATING COSTS.

FY'85/86 FUNDING LEVEL

'85 $508,840
'86 590,431 (ALLOWANCE)

32.07.02.02 - 49.301
ADOLESCENT CASE MANAGER PROGRAM

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTIVE MEDICINE ADMINISTRATION
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND HEREDITARY DISORDERS

PURPOSE

TO PROVIDE FUNDS FOR COMMUNITY-BASE MULTI-SERVICE PROGRAM. TO ASSIST ADOLESCENTS IN PREGNANCY PREVENTION AND TO AID ADOLESCENTS AND THEIR PARENTS IN DEALING WITH PROBLEMS OF ADOLESCENT PARENTHOOD.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

PREVENTIVE MEDICINE ADMINISTRATION
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND HEREDITARY DISORDERS
201 W. PRESTON STREET
BALTIMORE, MD., 21201
TELEPHONE: 301-225-6721

FY'84 FUNDING & ACTIVITY

$313,000

FY'85/86 FUNDING LEVEL

$315,000 PER YEAR

BEST COPY AVAILABLE

32.07.02.02 - 49.302
IMPROVED PREGNANCY OUTCOME

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTIVE MEDICINE ADMINISTRATION
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND
HEREDITARY DISORDERS

PURPOSE

REDUCE INFANT MORTALITY BY IMPROVING PRENATAL CARE
AND NEONATAL CARE.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

PREVENTIVE MEDICINE ADMINISTRATION
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND
HEREDITARY DISORDERS
201 W. PRESTON STREET
BALTIMORE, MD., 21201
301-225-6721

FY'84 FUNDING & ACTIVITY

$400,000

FY'85/86 FUNDING LEVEL

$400,000

32.07.02.02 - 49.304
INFANT AND CHILD HEALTH

ADMINISTERING AGENCY

PREVENTIVE MEDICINE ADMINISTRATION
DEPT. OF HEALTH & MENTAL HYGIENE

PURPOSE

TO ASSURE THAT ALL CHILDREN OF MARYLAND HAVE ACCESS
TO A COMPREHENSIVE SYSTEM OF QUALITY CHILD HEALTH
SERVICES WHICH EMPHASIZES HEALTH PROMOTION, DISEASE
AND INJURY PREVENTION, AND EARLY IDENTIFICATION AND
REMEDIATION OF HANDICAPPING CONDITIONS. CHILD HEALTH
SERVICES ARE AVAILABLE IN 22 LOCAL HEALTH DEPARTMENTS,
THE C & Y IN BALTIMORE CITY, CHC'S, HMO'S, AND THE
PRIVATE SECTOR.

USE OF FUNDS

TYPE OF ASSISTANCE: INDIRECT SUBSIDY

INFORMATION CONTACT

DIVISION OF INFANT, CHILD & ADOLESCENT HEALTH SERVICES
PREVENTIVE MEDICINE ADMINISTRATION
201 W. PRESTON STREET
BALTIMORE, MD., 21210
301-225-6749

32.07.02.02 - 49.305
CHILD DAY CARE CENTER, LICENSING AND CONSULTATION

ADMINISTERING AGENCY

PREVENTIVE MEDICINE ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HERBERT O'CONOR BLDG.
201 W. PRESTON STREET
BALTIMORE, MD., 21201

PURPOSE

THE OBJECTIVES ARE (1) TO ASSURE THAT GROUP DAY CARE CENTERS IN MARYLAND ARE LICENSED UNIFORMLY IN ACCORDANCE WITH THE LAW AND COMAR 10.05.01, GROUP DAY CARE CENTERS; AND (2) TO PROVIDE PLANNING ASSISTANCE AND CONSULTATION TO GROUP DAY CARE CENTER APPLICANTS AND LICENSEES IN THE AREAS OF CHILD AND ADULT HEALTH, CHILD DEVELOPMENT, NUTRITION, AND ENVIRONMENTAL HEALTH AND SAFETY.

USE OF FUNDS

TYPE OF ASSISTANCE: REGULATORY

INFORMATION CONTACT

DAY CARE LICENSING COORDINATORS IN EACH COUNTY AND IN BALTIMORE CITY. CALL THE LOCAL HEALTH DEPARTMENT OR CHIEF, DIVISION OF CHILD DAY CARE CENTER LICENSING AND CONSULTATION, PREVENTIVE MEDICINE ADMINISTRATION
301-225-6744

32.07.02.02 - 49.306
EXPANDED MATERNITY PLAN

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTIVE MEDICINE ADMINISTRATION
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND HEREDITARY DISORDERS

PURPOSE

TO ASSURE OPTIMUM OUTCOME OF PREGNANCY IN WOMEN WHO HAVE MEDICAL CONDITIONS WITH POTENTIAL OF COMPLICATIONS AND WHICH REQUIRE SPECIAL MEDICAL TREATMENT. TO REDUCE INFANT MORTALITY AND MATERNAL MORBIDITY AND MORTALITY.

USE OF FUNDS

TO PAY FOR DIAGNOSTIC AND MEDICAL CARE IN HIGH RISK PREGNANCY CENTERS.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND HEREDITARY DISORDERS
201 W. PRESTON STREET
BALTIMORE, MD 21201
301-225-6729

FY'84 FUNDING & ACTIVITY

$44,000 FOR 240 CLIENTS

FY'85/86 FUNDING LEVEL

$45,000 PER YEAR

32.07.02.02 - 49.307
MARYLAND FAMILY PLANNING PROGRAM

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTIVE MEDICINE ADMINISTRATION
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND
HEREDITARY DISORDERS

PURPOSE

TO PROVIDE STATEWIDE ASSISTANCE IN THE FORM OF INFORMATION SUPPLIES, TRAINING; TO PREVENT UNINTENDED PREGNANCIES AND TO REDUCE ILLEGITIMATE PREGNANCIES, PRENATAL MORTALITY, MATERNAL MORTALITY AND BIRTH RATES.

USE OF FUNDS

GRANTS TO LOCAL COUNTY HEALTH DEPARTMENTS TO AID IN THE PROVISION OF FAMILY PLANNING SERVICES TO WOMEN OF CHILD BEARING AGE.
WOMEN OF CHILD BEARING AGE.

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND
HEREDITARY DISORDERS
201 W. PRESTON STREET
BALTIMORE, MD 21201
301-225-6713 OR 6721

FY'84 FUNDING & ACTIVITY

78,360 PATIENTS SERVICED AT A COST OF $80.80 PER PATIENT.

FY'85/86 FUNDING LEVEL

FEDERAL TITLE X $2,441,908.00

32.07.02.07 - 49.308
HEREDITARY DISORDERS

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTIVE MEDICINE ADMINISTRATION
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING AND
HEREDITARY DISORDERS

PURPOSE

(1) TO ESTABLISH A PROGRAM OF SCREENING AND FOLLOW-UP OF NEWBORN CHILDREN FOR HEREDITARY METABOLIC DISORDERS ASSOCIATED WITH SEVERE PROBLEMS OF DEVELOPMENT, HYPOTHYROIDISM AND SICKLE CELL ANEMIA. (2) TO OFFER PROGRAMS OF SCREENING AND FOLLOW-UP FOR NEURAL TUBE DEFECTS, SICKLE CELL ANEMIA, THALASSEMIA AND OTHER HEREDITARY CONDITIONS TO POPULATIONS AT RISK. (3) TO FOSTER AND EXPAND A NETWORK OF CLINICS PROVIDING GENETIC COUNSELING, DIAGNOSIS AND MANAGEMENT. (4) TO ESTABLISH A SYSTEM TO RECORD AND MONITOR THE INCIDENCE OF BIRTH DEFECTS AND TO PROVIDE INFORMATION ABOUT SERVICES TO FAMILIES OF CHILDREN WITH BIRTH DEFECTS. (5) TO PROVIDE EDUCATION AND TRAINING FOR LOCAL HEALTH DEPARTMENT PERSONNEL AND OTHER HEALTH PROFESSIONALS IN THE COMMUNITY. (6) TO INCREASE PUBLIC AWARENESS OF GENETIC DISORDERS AND RESOURCES AVAILABLE FOR SCREENING, DIAGNOSIS, FOLLOW-UP AND COUNSELING AND OFFER GENETICS PROGRAMS TO THE LAY PUBLIC.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT
TECHNICAL ASSISTANCE

INFORMATION CONTACT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF MATERNAL HEALTH, FAMILY PLANNING, AND
HEREDITARY DISORDERS
201 W. PRESTON STREET
BALTIMORE, MD 21201
225-6730 OR 225-6731
383-6523 (CALL COLLECT - BIRTH DEFECTS HOTLINE)
659-266 (TTY - HEARING IMPAIRED)6

FY'84 FUNDING & ACTIVITY

$671,933

FY'85/86 FUNDING LEVEL

$584,061

32.07.02.06 - 49.309
IMMUNIZATION PROGRAM

ADMINISTERING AGENCY

OFFICE OF COMMUNICABLE DISEASES AND EPIDEMIOLOGY
DIVISION OF CLINICAL EPIDEMIOLOGY
PREVENTIVE MEDICINE ADMINISTRATON, DHMH

PURPOSE

TO REDUCE TO ZERO OR NEAR ZERO THE OCCURENCE OF CHILDHOOD DISEASES IN MAR AND THAT ARE PREVENTABLE THROUGH VACCINATION.

USE OF FUNDS

PURCHASE VACCINES, PROVIDE PERSONNEL TO ASSIST LHDS TO REACH IMMUNIZATION GOALS, CONDUCT PROFESSIONAL AND LAY EDUCATION, ENFORCE SCHOOL IMMUNIZATION LAWS, RAISE IMMUNIZATION LEVELS, INVESTIGATE DISEASE CASES, SURVEY IMMUNIZATION LEVELS OF SELECTED POPULATION SEGMENTS, MONITOR DISEASE REPORTING, AND CONDUCT DISEASE OUTBREAK CONTROL IF NECESSARY.

TYPE OF ASSISTANCE: SERVICES
TECHNICAL ASSISTANCE

INFORMATION CONTACT

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTIVE MEDICINE ADMINISTRATION
OFFICE OF COMMUNICABLE DISEASES AND EPIDEMIOLOGY
DIVISION OF CLINICAL EPIDEMIOLOGY
IMMUNIZATION PROGRAM
201 W. PRESTON STREET - 3RD FL.
BALTIMORE, MD., 21201
225-6677

32.07.02.06 - 49.317
DENTAL HEALTH

ADMINISTERING AGENCY

PREVENTIVE MEDICINE ADMIN.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 W. PRESTON STREET
BALTIMORE, MD., 21201

PURPOSE

DISSEMINATION OF PREVENTIVE DENTAL HEALTH INFORMATION TO CONSUMERS AND HEALTH PROFESSIONALS ON A STATEWIDE BASIS; CONSULTATION FOR DENTAL PROGRAMS ADMINISTERED THROUGH LOCAL HEALTH DEPARTMENTS; PROVISION OF DENTAL CONSULTATION FOR VARIOUS PROGRAMS ADMINISTERED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND OTHER COMMUNITY AGENCIES.

USE OF FUNDS

TYPE OF ASSISTANCE: INFORMATION
SERVICES

INFORMATION CONTACT

PREVENTIVE MEDICINE ADMIN.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 W. PRESTON STREET
BALTIMORE, MD., 21201
301-225-6749

32.07.02.06 - 49.320
SCREENING FOR INCREASED LEAD ABSORPTION AND LEAD POISONING

ADMINISTERING AGENCY

PREVENTIVE MEDICINE ADMIN.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

GIVE TECHNICAL ASSISTANCE TO COUNTIES TO IMPLEMENT LEAD SCREENING PROGRAM FOR UNDUE LEAD ABSORPTION AND LEAD PAINT POISONING IN CHILDREN. TO ASSIST FAMILIES OF CHILDREN IDENTIFIED BY THE SCREENING PROGRAM. TO PROVIDE IN-SERVICE TRAINING TO PUBLIC HEALTH STAFF AND DEVELOP EDUCATIONAL MATERIAL FOR CONSUMER USE.

USE OF FUNDS

LEAD SCREENING, REFERRAL TO TREATMENT CENTERS, SCREENING OF HOME ENVIRONMENT FOR SOURCE OF LEAD FOR AFFECTED CHILDREN.

TYPE OF ASSISTANCE: GRANT
TECHNICAL ASSISTANCE

INFORMATION CONTACT

COORDINATOR, LEAD SCREENING PROGRAM
PREVENTIVE MEDICINE ADMIN.
201 W. PRESTON STREET
BALTIMORE, MD., 21201
301-225-6749

FY'84 FUNDING & ACTIVITY

$326,380 SCREENING
$541,056 ABATEMENT

FY'85/86 FUNDING LEVEL

$326,380 PER YEAR

32.07.02.06 - 49.325
VENEREAL DISEASE CONTROL

ADMINISTERING AGENCY

OFFICE OF DISEASE CONTROL AND EPIDEMIOLOGY
PREVENTIVE MEDICINE ADMIN.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 W. PRESTON STREET
BALTIMORE, MD., 21201

PURPOSE

TO CONTROL AND PREVENT THE SPREAD OF VENEREAL DISEASES IN MARYLAND BY EPIDEMIOLOGY (CASEFINDING), MEDICAL TREATMENT, EDUCATION AND SCREENING OF FEMALES FOR GONORRHEA.

USE OF FUNDS

PAYMENT OF CASEFINDING PERSONNEL ASSIGNED TO LOCAL HEALTH DEPARTMENTS. TECHNICAL AND EDUCATIONAL SERVICES LIMITED FUNDS AVAILABLE FOR LABORATORY MEDIA. GONORRHEA SCREENING

TYPE OF ASSISTANCE: GRANT
TECHNICAL ASSISTANCE

INFORMATION CONTACT

OFFICE OF DISEASE CONTROL AND EPIDEMIOLOGY
VENEREAL DISEASE CONTROL PROGRAM
301-225-6688

FY'84 FUNDING & ACTIVITY

STATE $313,947
FEDERAL $180,000

FY'85/86 FUNDING LEVEL

STATE $360,536 - 1985	STATE $442,853
FEDERAL - $159,000	FEDERAL $169,845 (1986 REQUESTED)
FEDERAL FY NOV.-OCT.	FEDERAL FY NOV.-OCT.

32.07.02.06 - 49.327
HEALTH EDUCATION CENTER

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTIVE MEDICINE ADMIN.

PURPOSE

THE HEALTH EDUCATION CENTER WORKS TO FURTHER THE UTILIZATION AND APPLICATION OF HEALTH EDUCATION STRATEGIES FOR THE PURPOSE OF ASSISTING HEALTH PROFESSIONALS AND THE PUBLIC TO MAKE INFORMED DECISIONS AND TO TAKE ACTIONS CONDUCIVE TO THE PUBLIC'S HEALTH. PREVENTING PREMATURE CARDIOVASCULAR DISEASE AND REDUCING MORBIDITY OF CHILDREN FROM AUTO ACCIDENTS THROUGH THE HEALTHY PEOPLE PROJECT AND PROJECT KISS (KIDS IN SAFETY SEATS) ARE SPECIFIC FOCI.

USE OF FUNDS

VERY SMALL GRANTS MAY BE GIVEN TO SUPPORT SPECIFIC PROGRAMS IN SMOKING REDUCTION, WEIGHT CONTROL, CHOLESTEROL REDUCTION AND EXERCISE. CAR SEAT LOANER PROGRAMS CAN BE ESTABLISHED WITH A MATCHING AGREEMENT WHERE PROJECT KISS PROVIDES A CERTAIN NUMBER OF SEATS FOR THE SEATS OBTAINED LOCALLY. TECHNICAL ASSISTANCE IS AVAILABLE IN THESE PROGRAM AREAS.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

PREVENTIVE MEDICINE ADMINISTRATION
ROOM 410
300 W. PRESTON STREET
BALTIMORE, MD., 21201
FOR PROJECT KISS 301-383-7290
ALL OTHER CALLS 301-225-1362

FY'84 FUNDING & ACTIVITY

80,000 FOR FOUR GRANTEES TO CONDUCT DEMONSTRATION PROJECTS AND PERFORM EVALUATIONS OF PROGRAMS.

FY'85/86 FUNDING LEVEL

$85,000 TO SIX RECIPIENTS OF FUNDS TO CONDUCT DEMONSTRATION PROJECTS.
$90,000 SINGLE PROGRAMS, AND TO CONDUCT STUDIES OR EVALUATIONS.

32.07.02.08 - 49.328
PREVENTIVE MEDICINE ADMINISTRATION

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

TO PROMOTE THE INITIATION AND DEVELOPMENT OF NUTRITION SERVICES AS A COMPONENT OF COMPREHENSIVE HEALTH CARE FOR FAMILIES IN AMBULATORY CARE AND COMMUNITY-BASED PROGRAMS SO THAT PERSONS AT RISK OF POOR NUTRITION CAN BE IDENTIFIED AND PROVIDED, OR REFERRED TO, APPROPRIATE SERVICES TO ACHIEVE AND MAINTAIN GOOD NUTRITIONAL STATUS.

USE OF FUNDS

TYPE OF ASSISTANCE: TECHNICAL ASSISTANCE

INFORMATION CONTACT

CAROL LOOMIS, R.D., PULBLIC HEALTH NUTRITIONIST,
PREVENTIVE MEDICINE ADMINISTRATION
DEPT. OF HEALTH AND MENTAL HYGIENE
201 W. PRESTON STREET
BALTIMORE, MD., 21201
301-225-6748

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32.11.03.02 - 49.402
DRUG ABUSE GRANTS

ADMINISTERING AGENCY

DRUG ABUSE ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 W. PRESTON STREET
BALTIMORE, MD., 21201

PURPOSE

TO PROVIDE GRANTS IN THE AREA OF TREATMENT, EDUCATON AND PREVENTION OF DRUG ABUSE. GRANTS ARE USED TO PROVIDE A WIDE VARIETY OF SERVICES SUCH AS YOUTH AND EMPLOYMENT COUNSELING, DRUG EDUCATION, DETOXIFICATION, METHADONE MAINTENANCE, AFTER-CARE SERVICES, CRISIS INTERVENTION, VOCATIONAL AND SOCIAL REHABILITATION, RESEARCH. MANAGEMENT AND TECHNICAL ASSISTANCE TO EACH GRANTEE OR VOLUNTARY PROGRAM TO INSURE PROPER OPERATIONS AND REQUIRED CERTIFICATION. TREATMENT SERVICE FOR THE COMPULSIVE GAMBLER ARE ALSO PROVIDED BY THE ADMINISTRATION UNDER A GRANT.

USE OF FUNDS

EDUCATION AND TRAINING FOR COUNSELORS AND MANAGERS OF DRUG ABUSE TREATMENT AND PREVENTION PROJECTS. PLANNING AND STATISTICAL INFORMATION TO INTERESTED PARTIES. PREVENTION PROJECTS AND INFORMATION CONCERNING PREVENTION. ASSISTANCE IN MATTERS OF CIVIL COMMITMENT PROCEDURES FOR FIRST OFFENDER DRUG ABUSERS. CRIMINAL JUSTICE EVALUATION, REFERRAL AND TREATMENT INCLUDING PRE-TRIAL RELEASE, PRE-SENTENCE EVALUATION, PROBATION AND PAROLE AND TREATMENT DURING PERIOD OF INCARCERATION.

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

DRUG ABUSE ADMINISTRATION
301-6510

COMMUNITY MENTAL HEALTH (CMH) - MENTAL HEALTH CLINICS PROGRAMS

ADMINISTERING AGENCY

MENTAL HYGIENE ADMINISTRATION, DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

COMMUNITY EDUCATION; INFORMATION AND REFERRAL; DIAGNOSIS, ASSESSMENTS, EVALUATION, MEDICAL SERVICES COORDINATION; FAMILY AND INDIVIDUAL COUNSELING; AND OUTPATIENT PSYCHIATRIC THERAPY. SOME COMMUNITY MENTAL HEALTH CLINICS ALSO PROVIDE PRIMARY HEALTH CARE; HOTLINES AND TELEPHONE MESSAGES; PROGRAMS TO IDENTIFY AND PREVENT DEVELOPMENTAL PROBLEMS IN AT-RISK CHILDREN AND PARENT EDUCATION OR OTHER PARENT SUPPORT PROGRAMS.

FY '85 FUNDING AND ACTIVITY

$9,877,425 SPENT ON OUTPATIENT MENTAL HEALTH PROGRAMS.
5,414 CHILDREN AND ADOLESCENTS SERVED EQUALING 21.6% OF THE TOTAL SERVED.
$2.11 MILLION SPENT ON CHILDREN AND ADOLESCENTS BASED ON 21.6% OF TOTAL EXPENDITURES. THERE IS AT LEAST ONE CMH IN EACH JURISDICTION OF THE STATE.

COMMUNITY MENTAL HEALTH (CMH) - SPECIAL PROGRAMS-INFANTS & YOUNG CHILDREN

ADMINISTERING AGENCY

MENTAL HYGIENE ADMINISTRATION,
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

THE FOLLOWING SERVICES ARE PROVIDED AT SOME OF THE SPECIAL CMH CLINICS: COMMUNITY EDUCATION; PRIMARY HEALTH CARE (WELL-BABY CLINICS); INFORMATION AND REFERRAL; PROGRAMS TO IDENTIFY AND PREVENT DEVELOPMENTAL PROBLEMS IN AT-RISK CHILDREN; PARENT EDUCATION OR OTHER PARENT SUPPORT PROGRAMS; DIAGNOSIS ASSESSMENT, EVALUATION, MEDICAL SERVICES COORDINATION; FAMILY AND INDIVIDUAL COUNSELING; OUTPATIENT PSYCHIATRIC THERAPY; AND DAY EDUCATION/TREATMENT PROGRAMS.

USE OF FUNDS

FOR PROGRAMS TARGETED AT INFANTS AND YOUNG CHILDREN AND THEIR FAMILIES.

FY '85 ACTIVITY

THERE ARE 4 EARLY INTERVENTION PROGRAMS IN THE STATE SERVING 221 INDIVIDUALS.

DAY TREATMENT PROGRAMS

ADMINISTERING AGENCY

MENTAL HYGIENE ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

MOST DAY TREATMENT PROGRAMS PROVIDE THE FOLLOWING SERVICES: DIAGNOSIS, ASSESSMENT EVALUATION, MEDICAL SERVICES COORDINATION; FAMILY AND INDIVIDUAL COUNSELING; OUTPATIENT PSYCHIATRIC THERAPY; DAY EDUCATION/TREATMENT PROGRAMS; RECREATION/SOCIAL PROGRAMS; PERSONAL CARE; TRANSPORTATION; VOCATIONAL EDUCATION AND TRANSITIONING PROGRAMS; TUTORING; AND GROUP THERAPY.

USE OF FUNDS

TO TREAT CHILDREN AND ADOLESCENTS WHO HAVE SEVERE EMOTIONAL PROBLEMS AND ARE EMOTIONALLY HANDICAPPED AND REQUIRE LEVEL V SERVICES DUE TO EMOTIONAL DISTURBANCE.

FY '86 APPROPRIATION (NOT INCLUDING LOCAL EDUCATION AGENCY CONTRIBUTIONS)

RICA I (BALTIMORE) -	$1,620,086	(CAPACITY -	70 DAY STUDENTS)
RICA II (ROCKVILLE) -	$2,562,181	(CAPACITY -	100 DAY STUDENTS)
RICA III (CHELTENHAM) -	$1,372,643	(CAPACITY -	60 DAY STUDENTS)
FREDERICK COUNTY PROGRAM -	$113,640	(CAPACITY -	21 DAY STUDENTS)

INPATIENT PSYCHIATRIC PROGRAMS

ADMINISTERING AGENCY

MENTAL HYGIENE ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

ALL INPATIENT PSYCHIATRIC PROGRAMS PROVIDE DIAGNOSIS, ASSESSMENT, EVALUATION, MEDICAL SERVICES COORDINATION; FAMILY AND INDIVIDUAL COUNSELING; OUTPATIENT PSYCHIATRIC THERAPY; DAY EDUCATION/TREATMENT PROGRAMS; RECREATION/SOCIAL PROGRAMS; PERSONAL CARE; TRANSPORTATION; VOCATIONAL EDUCATION AND TRANSITIONING PROGRAMS; TUTORING; GROUP THERAPY; AND MILIEU THERAPY.

FY '86 ACTIVITY

CROWNSVILLE HOSPITAL CENTER -	30 ADOLESCENT BEDS; FY'84 ADMISSIONS:	154
FINAN CENTER -	24 ADOLESCENT BEDS; FY'84 ADMISSIONS:	49
SPRINGFIELD HOSPITAL CENTER -	30 ADOLESCENT BEDS; FY'84 ADMISSIONS:	91
CARTER CENTER -	20 ADOLESCENT BEDS; FY'84 ADMISSIONS:	85

RESIDENTIAL TREATMENT CENTERS

ADMINISTERING AGENCY

MENTAL HYGIENE ADMINISTRATION,
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

ALL RESIDENTIAL TREATMENT CENTERS PROVIDE THE FOLLOWING SERVICES: DIAGNOSIS, ASSESSMENT, EVALUATION, MEDICAL SERVICES COORDINATION; FAMILY AND INDIVIDUAL COUNSELING; OUTPATIENT PSYCHIATRIC THERAPY; DAY EDUCATION/TREATMENT PROGRAMS; RECREATION/SOCIAL PROGRAMS; PERSONAL CARE; TRANSPORTATION; VOCATIONAL EDUCATION AND TRANSITIONING PROGRAMS; TUTORING; GROUP THERAPY; AND MILIEU THERAPY.

USE OF FUNDS

TO MEET THE LONG-TERM AND SEVERE MENTAL DISORDERS OF CHILDREN AND ADOLESCENTS BETWEEN 12 AND 17 YEARS OLD WHOSE TREATMENT NEEDS CANNOT BE MET THROUGH AVAILABLE COMMUNITY-BASED PROGRAMS. IT IS EXPECTED THAT THE RESIDENTIAL TREATMENT WILL IMPROVE THE INDIVIDUAL'S CONDITION OR PREVENT FURTHER REGRESSION SO THAT THE INDIVIDUAL CAN RETURN TO THE COMMUNITY.

FY '86 APPROPRIATION (NOT INCLUDING EDUCATION FUNDS)

RICA I (BALTIMORE) -	$2,265,012	(60 BED CAPACITY)
RICA II (ROCKVILLE) -	$3,586,562	(80 BED CAPACITY)
RICA III (CHELTENHAM) -	$1,921,673	(40 BED CAPACITY)
VILLA MARIA (THROUGH CONTRACTS)		(80 BED CAPACITY)

THERAPEUTIC GROUP HOMES

ADMINISTERING AGENCY

MENTAL HYGIENE ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

TO PROVIDE COMMUNITY-BASED, HOMELIKE RESIDENTIAL PROGRAMS TO ACCOMMODATE THE SPECIAL NEEDS OF MODERATELY TO SEVERELY DISTURBED CHILDREN AND YOUTH.

USE OF FUNDS

TO DEVELOP AND OPERATE THREE THERAPEUTIC GROUP HOMES.

INFORMATION CONTACT

JOYCE POLLARD
225-6649

FY '84 FUNDING AND ACTIVITY	FY '85/86 FUNDING LEVEL
-0-	$410,000

CRIPPLED CHILDREN'S SERVICES

ADMINISTERING AGENCY

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION

PURPOSE

TO DEVELOP, EXTEND, AND IMPROVE SERVICES FOR LOCATING HANDICAPPED AND DISABLED CHILDREN, AND PROVIDE FOR MEDICAL, SURGICAL, AND OTHER SERVICES AND CARE, AND FOR FACILITIES FOR DIAGNOSIS, HOSPITALIZATION AND AFTERCARE FOR CHILDREN AND YOUTH FROM BIRTH TO TWENTY-ONE YEARS WHO HAVE OR ARE SUSPECTED OF HAVING ANY TYPE OF DISABILITY OR HANDICAPPING CONDITION.

USE OF FUNDS

INTEGRATED MULTIDISCIPLINARY SERVICES INCLUDING DIAGNOSTIC AND EVALUATION CENTERS; DIAGNOSTIC AND ADVISORY SERVICES; HOSPITAL INPATIENT AND OUTPATIENT SERVICES; LOCAL SPECIALTY CLINICS TO PROVIDE DIAGNOSTIC CONSULTATION; FEDERALLY FUNDED PROJECTS IN PEDIATRIC NEUROLOGY; EPILEPSY; FACIAL REHABILITATION; CARDIOLOGY; SPECIALIZED THERAPIES, MEDICINE AND ITEMS SUCH AS BRACES, PROSTHESES, AND WHEELCHAIRS.

INFORMATION CONTACT

ASSISTANT DIRECTOR FOR DEVELOPMENTAL DISABILITIES SERVICES OR
CHIEF, DIVISION OF CRIPPLED CHILDREN'S SERVICES
MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
201 WEST PRESTON STREET, 4TH FLOOR
BALTIMORE, MARYLAND 21201
(301) 225-5583 or 225-5580

FY '84 FUNDING AND ACTIVITY

GENERAL FUNDS	$3,519,382
FEDERAL FUNDS	$1,898,713
TOTAL	$5,418,095

FY '85 ACTUAL FUNDING LEVEL

GENERAL FUNDS	$3,625,965
FEDERAL FUNDS	$1,587,126
TOTAL	$5,213,091

FY '86 APPROPRIATION PER FY '87 BUDGET REQUEST

GENERAL FUNDS	$3,558,300
FEDERAL FUNDS	$1,478,491
TOTAL	$5,036,791

FAMILY SUPPORT SERVICES

ADMINISTERING AGENCY

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION

PURPOSE

TO PROVIDE SUPPORT SERVICES TO FAMILIES OF CHILDREN AND ADOLESCENTS YOUNGER THAN 22 WITH DEVELOPMENTAL DISABILITIES, FOR WHOM SUPPORT SERVICES ARE NEEDED TO PREVENT OUT-OF-HOME PLACEMENTS. SERVICES INCLUDE, BUT ARE NOT LIMITED TO, COUNSELING, INFORMATION AND REFERRAL, LIAISON AND MONITORING, PURCHASE OF MEDICAL SUPPLIES, PROVISION OF ADAPTIVE EQUIPMENT AND ARCHITECTURAL MODIFICATION OF THE HOME.

USE OF FUNDS

GRANT AGREEMENTS FOR SERVICES BETWEEN FIVE (5) NOT-FOR-PROFIT AGENCIES THROUGH THE STATE AND THE MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

INFORMATION CONTACT

ASSISTANT DIRECTOR FOR DEVELOPMENTAL DISABILITIES SERVICES OR
DEVELOPMENTAL DISABILITIES CHILDREN'S SPECIALIST
MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
201 WEST PRESTON STREET, 4TH FLOOR
BALTIMORE, MARYLAND 21201
(301) 225-5583

FY '84 FUNDING AND ACTIVITY

FY '84 ANNUALIZED FUNDING FOR FAMILY SUPPORT SERVICES CONSORTIUM PROJECT THROUGH THE MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL TO 101 FAMILIES WITH CHILDREN WITH DEVELOPMENTAL DISABILITIES WAS $196,837.

FY '85/86 FUNDING LEVEL

FY '85 ANNUALIZED FUNDING FOR FAMILY SUPPORT SERVICES CONSORTIUM PROJECT, THROUGH THE MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL, WAS $207,601.
FY '86 ANNUALIZED JOINT FUNDING THROUGH THE DD COUNCIL AND THE MRDDA IS $216,643.

MENTAL RETARDATION - COMMUNITY SERVICES

ADMINISTERING AGENCY

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

TO PROVIDE COMPREHENSIVE HABILITATION SERVICES TO MENTALLY RETARDED INDIVIDUALS AS DETERMINED BY A COMPREHENSIVE EVALUATION AND ENUMERATED AS AN INDIVIDUALIZED PROGRAM PLAN. THE FOLLOWING IS A LIST OF SERVICES PROVIDED IN STATE RESIDENTIAL CENTERS, HOWEVER, NOT ALL SERVICES ARE PROVIDED IN ALL CENTERS: DAILY LIVING TRAINING, BEHAVIORAL CORRECTION, PRE-VOCATIONAL TRAINING, VOCATIONAL TRAINING, MEDICAL DIAGNOSIS, SERVICES TO THE CHRONICALLY ILL, ANCILLARY EDUCATION AND TRAINING OF PROFESSIONAL/DIRECT CARE PERSONNEL, COMMUNITY SERVICES/OUTREACH, DIETARY, HOUSEHOLD AND PROPERTY AND FEDERAL PROGRAMS.

USE OF FUNDS

BUDGETED THROUGH THE MRDDA BUDGET PROCESS

INFORMATION CONTACT

CHIEF, COMMUNITY PROGRAMS FOR THE MENTALLY RETARDED, MRDDA
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
(301) 225-5630

FY '84 FUNDING AND ACTIVITY

IN FY 84 THE BUDGET FOR ALL STATE RESIDENTIAL CENTERS WAS $62,700,000.

FY '85/86 FUNDING ACTIVITY

IN FY 85 THE BUDGET FOR ALL STATE RESIDENTIAL CENTERS WAS $75,500,000
IN FY 86 IT IS $78,700,000.

PURCHASE OF CARE

ADMINISTERING AGENCY

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION

USE OF FUNDS

CHILDREN IN PURCHASE OF CARE ARE CO-FUNDED WITH OTHER AGENCIES (E.G., MARYLAND DEPARTMENT OF EDUCATION OR LOCAL DEPARTMENTS OF SOCIAL SERVICES) THROUGH A NEGOTIATED CONTRACT.

INFORMATION CONTACT

EDDIE FRANKLIN, JR., MRDDA
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
(301) 225-5630

FY '84 FUNDING AND ACTIVITY

77 CLIENTS
$1,345,451.03

FY '86 FUNDING LEVEL

FISCAL YEAR 1986 - $1,470,658

SUMMER PROGRAM FOR CHILDREN

ADMINISTERING AGENCY

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION

PURPOSE

THE PURPOSE OF THE SUMMER PROGRAM FOR CHILDREN IS TO PROVIDE DEVELOPMENTALLY DISABLED CHILDREN WITH A SOCIAL-RECREATIONAL SUMMER LEARNING EXPERIENCE. THE PROGRAM PROVIDED STRUCTURED AND UNSTRUCTURED ACTIVITIES TO MENTALLY RETARDED CHILDREN WHO ATTEND THE PUBLIC SCHOOLS DURING THE SCHOOL YEAR. IT FURTHER ACTS AS A RESPITE CARE RESOURCE FOR FAMILIES DURING THE SUMMER MONTHS.

USE OF FUNDS

GRANT AGREEMENTS FOR SERVICES TO DEVELOPMENTALLY DISABLED CHILDREN BETWEEN PUBLIC AND PRIVATE NON-PROFIT AGENCIES AND MRDDA.

INFORMATION CONTACT

CHIEF, COMMUNITY PROGRAMS FOR THE MENTALLY RETARDED, MRDDA
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
(301) 225-5630

FY '84 FUNDING AND ACTIVITY

IN FY 1984 1,910 CHILDREN WERE SERVED IN THE SUMMER PROGRAM. THE TOTAL ANNUALIZED ALLOWANCE FOR THAT PROGRAM WAS $226,602.

FY '85/86 FUNDING LEVEL

IN FY 1985 1,864 CHILDREN WERE SERVED IN THE SUMMER PROGRAM. THE TOTAL ANNUALIZED ALLOWANCE FOR THAT SERVICE WAS $231,595. IN FY 1986 1,953 CHILDREN WERE SERVED IN THE SUMMER PROGRAM. THE TOTAL ANNUALIZED ALLOWANCE FOR THAT SERVICE WAS $247,692.

SUPPLEMENTAL FOSTER CARE

ADMINISTERING AGENCY

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES ADMINISTRATION

PURPOSE

TO FUND CHILDREN AND ADULTS IN INDIVIDUAL FAMILY SETTINGS WHICH PROVIDE COMMUNITY-BASED RESIDENTIAL ENVIRONMENTS WHEN NO OTHER SUITABLE COMMUNITY ALTERNATIVES ARE AVAILABLE, OR THIS SERVICE IS DEEMED MORE APPROPRIATE.

USE OF FUNDS

SUPPLEMENTAL FUNDS TO ASSIST THE FOSTER CARE PROGRAMS OF THE STATE RESIDENTIAL CENTERS (SRC) TO MEET FUNDING LEVELS REQUIRED BY CAREGIVER.
THESE FUNDS ARE UTILIZED AFTER SRC FUNDS, SSI, AND OTHER FUNDS ARE ACCESSED.

INFORMATION CONTACT

EDDIE FRANKLIN, JR.
CHIEF, ALLIED SERVICES, MRDDA
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
(301) 225-5630

FY '84 FUNDING AND ACTIVITY

25 CLIENTS
$58,537 TOTAL BUDGET

FY '85 FUNDING LEVEL

25 CLIENTS
$61,464 TOTAL BUDGET

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

ADMINISTERING AGENCY

WIC ADMINISTRATION, DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PURPOSE

TO PROVIDE LOW INCOME PERSONS WITH SUPPLEMENTAL FOODS (WHICH MAY INCLUDE INFANT FORMULA, NUTRITIOUS CEREALS AND JUICES, PROTEIN-RICH DRIED BEANS AND EGGS AND MILK) AND COUNSELING ON DIETARY INTAKE, NUTRITIONAL FOODS AND FOOD PREPARATIONS.

USE OF FUNDS

FUNDS ARE USED TO PROVIDE SUPPLEMENTAL FOODS, NUTRITIONAL EDUCATION AND ADMINISTRATIVE SUPPORT.

INFORMATION CONTACT

WIC HOTLINE - BALTIMORE AREA - 685-0525
TOLL FREE FOR THE REST OF THE STATE - 1-800-492-0618

BRUCE CONWAY, WIC ADMINISTRATION
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
(301) 225-6790

FEDERAL FY '84 FUNDING

FOOD	$15,838,102
ADMINISTRATIVE AND NUTRITION EDUCATION	$ 4,049,627
TOTAL	$19,887,729

FEDERAL FY '85 FUNDING

FOOD	$16,471,628
ADMINISTRATIVE AND NUTRITION EDUCATION	$ 4,262,507
TOTAL	$20,734,135

FEDERAL FY '86 FUNDING

INTERIM FUNDING ONLY PENDING PASSAGE OF FEDERAL BUDGET.

33.02.00.03 - 51.026
THE EMPLOYMENT INITIATIVES PROGRAM

ADMINISTERING AGENCY

THE DEPARTMENT OF HUMAN RESOURCES
1100 N. EUTAW STREET
BALTIMORE, MD 21201

PURPOSE

THE PURPOSE OF THE EMPLOYMENT INITIATIVES PROGRAM IS TO HELP AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) APPLICANTS AND RECIPIENTS FIND PERMANENT EMPLOYMENT, THUS REDUCING WELFARE DEPENDENCY AT A SAVINGS TO TAX PAYERS.

USE OF FUNDS

A VARIETY OF EMPLOYMENT AND TRAINING ACTIVITIES ARE OFFERED INCLUDING JOB SEARCH ASSISTANCE, WORK EXPERIENCE, REMEDIAL AND SKILLS TRAINING AND ON-THE-JOB TRAINING. PARTICIPANTS RECEIVE EXPENSE PAYMENTS.

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

DAVID SIEGEL, DIRECTOR
OFFICE OF WELFARE EMPLOYMENT POLICY
383-2166

FY'84 FUNDING AND ACTIVITY

ACTIVE PARTICIPANTS - 802
ENTERED EMPLOYMENT - 471
ENTERED EMPLOYMENT RATE - 51%
TOTAL COST -$1.1 MILLION

FY'85/86 FUNDING LEVEL

FY'85 FUNDING LEVEL - $1.6 MILLION
FY'86 FUNDING LEVEL - $1.7 MILLION

147

33.02.00.03 - 51.027
ADOPTION SERVICES

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISIOIN OF THE SOCIAL SERVICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

ADOPTION SERVICES ARE PROVIDED FOR THE CHILD WHO NEEDS TO BE PLACED AND THE PARENTS WHO WANT TO ADOPT. THESE SERVICES ARE AVAILABLE THROUGH LOCAL DEPARTMENTS OF SOCIAL SERVICES AND PRIVATE AGENCIES LICENSED BY THE STATE

USE OF FUNDS

TYPE OF ASSISTANCE: DIRECT SUBSIDY
SERVICES

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $1,715,000
FY'84 ACTIVITY - 1900 CHILDREN RECEIVING SERVICES, 900 APPROVED ADOPTIVE FAMILIES

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $1,603,600
FY'86 FUNDING - $2,094,888

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33.02.00.03 - 51.031
FAMILY PLANNING SERVICES

ADMINISTERING AGENCY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. INFORMATION AND REFERRAL BY LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE SOCIAL SERVICES ADMINISTRATION OF THE, DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET, BALTIMORE, MD 21201

PURPOSE

TO PREVENT OR REDUCE THE INCIDENCE OF UNWANTED PREGANCY, AND TO ENBLE THOSE OF CHILD-BEARING AGE TO VOLUNTARILY LIMIT FAMILY SIZE AND TO PLAN THE SPACING OF CHILDREN.

USE OF FUNDS

COUNSELING AND INFORMATION ON BIRTH CONTROL SERVICES. UPON REQUEST, AN INDIVIDUAL IS REFERRED TO A MEDICAL FACILITY FOR CONTRACEPTIVE INSTRUCTION AND SUPPLEIS.

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $387,000
FY'84 ACTIVITY - 2,700 INDIVIDUALS RECEIVING SERVICES

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $593,000; FY'86 FUNDING - $622,650

33.02.00.03 - 51.032
FAMILY DAY CARE REGISTRATION

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF SOCIAL SERVICES ADMINISTRATION OF THE
DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

THE PROTECTION OF CHILDREN RECEIVING CARE OUTSIDE OF THEIR OWN HOMES FOR PART OF A DAY.

USE OF FUNDS

THE DEPARTMENT, THROUGH LOCAL DEPARTMENTS OF SOCIAL SERVICES, PROVIDES REGISTERS OF HOMES MEETING STANDARDS ESTABLISHED BY THE STATE FOR THE CARE OF CHILDREN OUTSIDE OF THEIR OWN HOMES. THIS REGISTERING IS APPLICABLE TO CARE GIVEN TO FROM ONE TO NOT MORE THAN FOUR CHILDREN, FOR PART OF A 24-HOUR DAY.

TYPE OF ASSISTANCE: REGULATORY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $1,592,000
FY'84 ACTIVITIES - 6,790 REGISTERED HOMES

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $1,688,000
FY'86 FUNDING - $1,772,000

33.02.00.03 - 51.033
FOSTER CARE

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE SOCIAL SERVICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE SERVICES TO CHILDREN WHO ARE ABUSED, ABANDONED, DEPENDENT ON THE STATE, OR NEGLECTED BY PLACEMENT OUTSIDE OF THEIR OWN HOME. TO PROVIDE REUNIFICATION AND/OR PERMANENT PLANNING CARE SERVICES TO CHILDREN AND THEIR FAMILIES WHEN A CHILD IS PLACED IN FOSTER CARE. TO RECRUIT FOSTER FAMILY HOMES OR TO PURCHASE SPECIAL CARE NOT AVAILABLE WITHIN THE PROGRAM.

USE OF FUNDS

FOSTER CARE PAYMENTS ARE MADE THROUGH LOCAL DEPARTMENTS OF SOCIAL SERVICES IN MONTHLY AMOUNTS SET BY THE SOCIAL SERVICES ADMINISTRATION IN ACCORDANCE WITH APPROPRIATIONS PROVIDED FOR SUCH PAYMENTS. REUNIFICATION AND/OR PERMANENT PLANNING SERVICES ARE PROVIDED BY LOCAL DEPARTMENTS OF SOCIAL SERVICES IN ACCORDANCE WITH POLICIES ESTABLISHED BY THE SOCIAL SERVICES ADMINISTRATION.

TYPE OF ASSISTANCE: DIRECT SUBSIDY
SERVICES

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY.

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $14,098,000
FY'84 ACTIVITY - 7,500 CHILDREN IN FOSTER CARE, 3,700 FAMILIES.

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $13,285,700
FY'86 FUNDING - $16,787,129

33.02.00.03 - 51.034
IN-HOME AIDE SERVICES

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE SOCIAL SERVICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO ENABLE CHILDREN, THE ILL, DISABLED AND AGED TO REMAIN IN THEIR OWN HOMES, TO ASSIST THOSE WHO ARE ACUTELY OR CHRONICALLY ILL; TO PREVENT REPLACEMNT OF FOSTER HOME CHILDREN DURING CRISES OF ILLNESS; ALSO TO PREVENT NEGLECT/ABUSE; AND TO AFFECT CONSTRUCTIVE CHANGES IN FAMILY LIVING THROUGH INSTRUCTION AND DEMONSTRATION.

USE OF FUNDS

TRAINED STAFF TO ASSIST ELIGIBLE RECIPIENTS WITH PERSONAL CARE, FOOD PREPARATION, SHOPPING AND HOME MAINTENANCE TASKS; TO TEACH BASIC SKILLS RELATING TO CHILD CARE, NUTRITION, BUDGETING AND HOUSEHOLD ORGANIZATION; AND TO ASSIST INDIVIDUALS AND FAMILIES TO OBTAIN OTEHR AGENCY AND COMMUNITY SERVICES AS NEEDED.

TYPE OF ASSISTANCE: SERVICES
REGULATORY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY.

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $9,829,900
FY'84 ACTIVITY - 6,500 ADULTS, 900 FAMILIES RECEIVING SERVICES.

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $11,542,700
FY'86 FUNDING - $ 9,416,623

33.02.00.03 - 51.036
LICENSING OF CHILD PLACEMENT AGENCIES AND INSTITUTIONS

ADMINISTERING AGENCY

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

THE PROTECTION OF CHILDREN LIVING OUTSIDE OF THEIR OWN HOMES.

USE OF FUNDS

STANDARD SETTING AND CONSULTATION WITH PRIVATELY SUPPORTED AGENCIES, INSTITUTIONS, AND GROUP HOMES PROVIDING 24-HOUR CHILD CARE, INCLUDING REGUALTION, REVIEW, STUDY, WRITTEN EVALUATION, SUPERVISION AND RECOMMENDATIONS FOR FURTHER DEVELOPMENT.

TYPE OF ASSISTANCE: REGULATORY

INFORMATION CONTACT

PROGRAM MANAGER, LICENSING 24 HOUR CHILD CARE FACILITIES, SSA

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $120,400
FY'84 ACTIVITY - 46 CHILD PLACEMENT AGENCIES AND INSTITUTIONS APPROVED.

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $165,400
FY'86 FUNDING - $173,670

150

33.02.00.03 - 51.037
MARYLAND LEGAL SERVICES PROGRAM

ADMINISTERING AGENCY

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION

PURPOSE

TO INCREASE THE CLIENT'S ABILITY TO ACHIEVE OR MAINTAIN SELF-SUFFICIENCY THROUGH LEGAL RESOLUTION OF FAMILY, HOUSING, AND OTHER CIVIL PROBLEMS.

USE OF FUNDS

LEGAL SERVICES ARE MADE AVAILABLE TO ELIGIBLE INDIVIDUALS AND FAMILIES THROUGH "PURCHASE OF SERVICE AGREEMENTS" WITH PARTICIPATING ATTORNEYS IN THE COUNTIES AND THE LEGAL AID BUREAU IN BALTIMORE CITY.

TYPE OF ASSISTANCE: DIRECT SUBSIDY
SERVICES

INFORMATION CONTACT

JOHN H. MICHENER, DIRECTOR
MARYLAND LEGAL SERVICES PROGRAM
SOCIAL SERVICES ADMINISTRATION
300 WEST PRESTON STREET, ROOM 403
BALTIMORE, MD 21201

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $533,100
FY'84 ACTIVITY - 2,100 INDIVIDUALS

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $1,009,600
FY'86 FUNDING - $1,838,700

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151

33.02.00.03 - 51.038
PROTECTIVE SERVICES TO CHILDREN

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE SOCIAL SERVICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PREVENT RECURRING NEGLECT OR ABUSE BY HELPING PARENTS TO PROVIDE A STABLE HOME OR BY FOSTER CARE PLACEMENT

USE OF FUNDS

PROTECTIVE SERVICES ARE PROVIDED THROUGH LOCAL DEPARTMENTS OF SOCIAL SERVICES TO PROTECT CHILDREN UNDER THE AGE OF 18 WHOSE HEALTH, SAFETY AND EMOTIONAL DEVELOPMENT ARE ENDANGERED DUE TO PHYSICAL ABUSE, SEXUAL ABUSE, DESERTION, OR INADEQUATE CARE BY PARENTS OR GUARDIANS.

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $8,206,500
FY'84 ACTIVITY - 12,200 INVESTIGATIONS, 9,000 FAMILIES RECEIVING SERVICES

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $11,004,600
FY'86 FUNDING - $12,134,790

33.02.00.03 - 51.039
PURCHASE OF GROUP DAY CARE

ADMINISTERING AGENCY

LOCAL DEPARTMENT OF SOCIAL SERVICES UNDER THE SUPERVISION OF SOCIAL SERVICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE A SAFE AND MEANINGFUL EARLY CHILDHOOD EXPERIENCE.

USE OF FUNDS

PROVIDES GROUP CARE IN A CENTER FACILITY FOR SOME PORTION OF A 24 HOUR DAY.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY.

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $8.7 MILLLION DOLLARS
FY'84 ACTIVITY - 7,270 FAMILIES SERVED

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $10,564,000
FY'86 FUNDING - $10,422,000

152

33.02.00.03 - 51.040
PURCHASE OF FAMILY DAY CARE

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE SOCIAL SERICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE CHILDREN WITH OPTIMAL SUBSTITUTE PERSONAL CARE IN A FAMILY DAY CARE SETTING DURING SOME PORTION OF A 24-HOUR DAY, AVAILABLE FIVE DAYS A WEEK, TWELVE MONTHS A YEAR.

USE OF FUNDS

PRIVATE FAMILY DAY CARE HOMES FOR CHILDREN FROM BIRTH TO 16 YEARS OF AGE. PAYMENT FOR ELIGIBLE CHILDREN IS AVAILABLE FROM THE LOCAL DEPARTMENT FOR FAMILY DAY CARE SERVICES.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY.

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $5,663,000
FY'84 ACTIVITY - 4,700 FAMILIES

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $6,853,000
FY'86 FUNDING - $8,957,394

187

33.02.00.03 - 51.041
PURCHASE OF SERVICES

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE SOCIAL SERVICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE SOCIAL SERVICES TO PUBLIC ASSISTANCE RECIPIENTS, RECIPIENTS OF SSI, AND INDIVIDUALS OR FAMILIES WHOSE GROSS MONTHLY INCOME IS BELOW 80% OF THE MEDIAN INCOME.

USE OF FUNDS

PURCHASE IN-HOME AIDE SERVICES, HOME DELIVERED MEALS, RESIDENTIAL CAMPING, ACTIVITIES IN MULTI-PURPOSE SENIOR CENTERS, PROTECTIVE SERVICES TO CHILDREN, SUPPORT SERVICES TO SINGLE PARENTS, TO ADULTS AND FAMILIES, SPECIAL SERVICES TO THE HANDICAPPED, SOCIAL SERVICES TO ADULTS, CERTIFIED ADULT RESIDENTIAL ENVIRONMENTS, INFORMATION AND REFERRAL, AND SEVERAL OTHER SERVICES.

TYPE OF ASSISTANCE: DIRECT SUBSIDY
SERVICES

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $11,127,000
FY'84 ACTIVITY - 230,000 INDIVIDUALS, 5,600 FAMILIES RECEIVING SERVICES.

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $4,765,400
FY'86 FUNDING - $1,868,400

188

153

FAMILY SUPPORT CENTERS

ADMINISTERING AGENCY

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION

PURPOSE

TO HELP YOUNG PARENTS BECOME MORE SELF SUFFICIENT AND TO CARE BETTER FOR THEIR CHILDREN. TO PREVENT TEENAGE PREGNANCY. THE DEMONSTRATION PROGRAM WILL SERVE 400 TEENAGERS & YOUNG PARENTS IN BALTIMORE CITY, PRINCE GEORGE'S COUNTY AND ANNE ARUNDEL COUNTY.

USE OF FUNDS

FAMILY WORKSHOPS & COUNSELING, HEALTH CARE FOR PARENTS AND CHILDREN, FATHERS' GROUPS, GRANDPARENTS' GROUPS, CHILD CARE, EDUCATION, JOB PREPARATION, INFORMATION & REFERRAL.

CONTACT PERSON

FRANK SULLIVAN
300 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
576-5278

FY '86 FUNDING LEVEL

$297,000 STATE FUNDS
$ 50,000 GOLDSEKER FOUNDATION
$ 50,000 AARON & LILLIE STRAUS FOUNDATION
$397,000 TOTAL

THE SHELTER, NUTRITION AND SERVICE PROGRAM FOR HOMELESS INDIVIDUALS IN MARYLAND

ADMINISTERING AGENCY

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION

PURPOSE

TO EXPAND SHELTER, NUTRITION, AND RELATED SERVICES TO HOMELESS PERSONS, AND TO PREVENT HOMELESSNESS WHEN POSSIBLE.

USE OF FUNDS

EXPAND EMERGENCY SHELTER FACILITIES, TRANSITIONAL FACILITIES, AND PROVIDE VOUCHERS FOR MOTEL ACCOMMODATIONS WHERE NEEDED. ADDITIONAL SERVICES INCLUDE: MEAL AND GROCERY VOUCHERS, RENT OR MORTGAGE SUBSIDY, AND TRANSPORTATION TO FEEDING OR SHELTER FACILITIES.

INFORMATION CONTACT

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
HOMELESS UNIT - ROOM 403
HARRIET GOLDMAN, PROGRAM SPECIALIST
300 WEST PRESTON STREET
BALTIMORE, MD 21201
576-5271

FY '85/86 FUNDING LEVEL

FY '85 FUNDING - $480,000
FY '86 FUNDING - $502,000

154

33.02.00.03 - 51.042
SERVICES TO FAMILIES WITH CHILDREN

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE SOCIAL SERVICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO MAKE AVAILABLE TO FAMILIES IN THEIR OWN HOME A WIDE RANGE OF COUNSELING, EDUCATIVE, SUPPORTIVE AND CONCRETE SERVICES TO ENHANCE FAMILY FUNCTIONING, FAMILY SELF-RELIANCE AND PARENTAL COMPETENCE.

USE OF FUNDS

ASSIST ELIGIBLE FAMILIES IN CRISIS SITUATIONS

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY
383-3630

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $6,776,000
FY'84 ACTIVITY - 25,400 FAMILIES

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $7,406,700
FY'86 FUNDING - $9,519,204

33.02.00.03 - 51.043
SINGLE PARENT SERVICES

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE SOCIAL SERVICES ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO MITIGATE THE NEGATIVE CONSEQUENCES OF UNPLANNED PREGNANCIES FOR ADOLESCENTS. SUCH CONSEQUENCES INCLUDE SCHOOL DROP-OUT, UNEMPLOYMENT, POVERTY, DEVELOPMENTALLY DELAYED OR DISABLED CHILDREN, AND CHILD ABUSE OR NEGLECT.

USE OF FUNDS

INTENSIVE TASK CENTERED COUNSELING. HELP IN LOCATING AND USING AVAILABLE RESOURCES.

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $633,000
FY'84 ACTIVITY - 2,000 SINGLE PARENTS AND YOUTH AT RISK

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $ 521,400
FY'86 FUNDING - $1,009,944

33.02.00.03 - 51.044
RESPITE CARE SERVICES

ADMINISTERING AGENCY

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE SUBSIDIZED SHORT-TERM CARE FOR DEVELOPMENTALLY DISABLED PERSONS IN OR OUT OF THEIR HOMES BY CERTIFIED CARE WORKERS IN ORDER TO RELIEVE THE FAMILY. RESPITE CARE IS PROVIDED AT PLANNED INTERVALS, IN A TIME OF CRISIS, OR ON AN AS NEEDED BASIS.

USE OF FUNDS

SUBSIDIZED RESPITE CARE SERVICES FOR A MAXIMUM PERIOD OF 14 DAYS.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

FY'84 FUNDING - $282,700
FY'84 ACTIVITY - 1,200 FAMILIES AND INDIVIDUALS

FY'85/86 FUNDING LEVEL

FY'85 FUNDING - $291,000
FY'86 FUNDING - $450,386

33.03.01.14 - 51.103
COMMUNITY SERVICES BLOCK GRANT

ADMINISTERING AGENCY

MARYLAND DEPARTMENT OF HUMAN RESOURCES
COMMUNITY SERVICES ADMINISTRATION

PURPOSE

TO ADMINISTER THE COMMUNITY SERVICES BLOCK GRANT ACT AND TO PROVIDE FUNDS FROM THE STATE GRANT TO LOCAL COMMUNITY ACTION AGENCIES, LOCAL GOVERNMENTS AND OTHER PRIVATE NON-PROFIT GROUPS TO ENABLE THESE ORGANIZATIONS TO PLAN AND IMPLEMENT COMPREHENSIVE HUMAN SERVICE PROGRAMS FOR THEIR LOW INCOME CITIZENS.
THE SECONDARY FUNCTION OF THE OFFICE OF COMMUNITY SERVICES IS TO CONDUCT SPECIAL PROJECTS BENEFITING THE LOW-INCOME POPULATION OF THE STATE.

USE OF FUNDS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

COMMUNITY SERVICES BLOCK GRANT OFFICE
1123 N. EUTAW STREET, ROOM 500
BALTIMORE, MD 21201
(301) 383-3718

FY'84 FUNDING AND ACTIVITY

$4.515 MILLION - FEDERAL ALLOCATION
17 SUBGRANTEES

FY'85/86 FUNDING LEVEL

FY'85 - $4.777 MILLION FEDERAL ALLOCATION
FY'86 - PRESENTLY ZEROED OUT IN THE ADMINISTRATION'S BUDGET PACKAGE

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33.03.01.11 - 51.106
BATTERED SPOUSE PROGRAM

ADMINISTERING AGENCY

MARYLAND DEPARTMENT OF HUMAN RESOURCES
COMMUNITY SERVICES ADMINISTRATION

PURPOSE

TO MAKE AVAILABLE A TEMPORARY SHELTERED ENVIRONMENT AND SUPPORTIVE SERVICES TO MEET THE SPECIAL NEEDS OF BATTERED SPOUSES AND THEIR CHILDREN THROUGH A NETWORK OF LOCAL BATTERED SPOUSE SERVICE PROGRAMS.

USE OF FUNDS

SUPPORTS LOCAL PROGRAMS' BASIC OPERATING COSTS

TYPE OF ASSISTANCE: GRANT
SERVICES

INFORMATION CONTACT

LINDA HEISNER, DIRECTOR
WOMEN'S SERVICES PROGRAM
COMMUNITY SERVICES ADMINISTRATION
1123 N. EUTAW STREET
BALTIMORE, MD 21201

FY'84 FUNDING AND ACTIVITY

$252,302 WAS DISTRIBUTED TO 14 BATTERED SPOUSE SERVICE PROGRAMS, SERVING 12,483 PERSONS IN ALL SERVICE CATEGORIES.

FY'85/86 FUNDING LEVEL

FY'85 ALLOCATION: $397,794
FY'86 ALLOCATION: $635,865

156

33.03.01.11 - 51.107
RAPE CRISIS PROGRAM

ADMINISTERING AGENCY

MARYLAND DEPARTMENT OF HUMAN RESOURCES
COMMUNITY SERVICES ADMINISTRATION

PURPOSE

TO MAKE AVAILABLE COUNSELING AND SUPPORTIVE SERVICES TO MEET THE SPECIAL NEEDS OF ALLEGED VICTIMS OF RAPE AND SEXUAL OFFENSES THROUGH A NETWORK OF LOCAL RAPE CRISIS SERVICE PROGRAMS.

USE OF FUNDS

SUPPORTS LOCAL PROGRAMS' BASIC OPERATING COSTS.

TYPE OF ASSISTANCE: GRANT
SERVICES

INFORMATION CONTACT

LINDA HEISNER, DIRECTOR
WOMEN'S SERVICES PROGRAM
COMMUNITY SERVICES ADMINISTRATION
1123 N. EUTAW STREET
BALTIMORE, MD 21201

FY'84 FUNDING AND ACTIVITY

$115,828 WAS DISTRIBUTED TO 11 RAPE CRISIS SERVICE PROGRAMS, SERVING 27,162 PERSONS IN ALL SERVICE CATEGORIES.

FY'85/86 FUNDING LEVEL

FY'85 ALLOCATION: $239,829
FY'86 ALLOCATION: $428,253

33.08.00.08 - 51.126
CHILD SUPPORT ENFORCEMENT PROGRAMS

ADMINISTERING AGENCY

CHILD SUPPORT ENFORCEMENT ADMINISTRATION (CSEA)
DEPARTMENT OF HUMAN RESOURCES

PURPOSE

TO COORDINATE A STATEWIDE PROGRAM FOR SUPPORT ENFORCEMENT; TO LOCATE ABSENT PARENTS AND DETERMINE THE ABILITY OF ABSENT PARENTS TO PAY SUPPORT; TO COLLECT AND DISPENSE SUPPORT PAYMENTS; AND TO ENFORCE THE PAYMENT OF COURT ORDERS.

USE OF FUNDS

TYPE OF ASSISTANCE: SERVICES
REGULATORY

INFORMATION CONTACT

EXECUTIVE DIRECTOR
CHILD SUPPORT ENFORCEMENT ADMINISTRATION
1123 N. EUTAW STREET
BALTIMORE, MD 21201
(301) 383-4773

FY'84 FUNDING AND ACTIVITY

ABSENT PARENTS LOCATED	26,730
SUPPORT ORDERS ESTABLISHED	14,747
AFDC COLLECTIONS	$22,940,516
NON-AFDC COLLECTIONS	$54,995,762
TOTAL CASELOAD	235,000

FY'85/86 FUNDING LEVEL

OPERATING FUNDS ONLY BUDGETED; NO FUNDS APPROPRIATED FOR DISTRIBUTION TO INDIVIDUALS. ADMINISTRATIVE COSTS ARE REIMBURSED AT 70% BY THE FEDERAL GOVERNMENT.

33.09.00.01 - 51.151
AID TO FAMILIES WITH DEPENDENT CHILDREN

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE INCOME MAINTENANCE ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE FINANCIAL RESOUCES TO FAMILIES WITH CHILDREN WHO ARE WITHOUT NECESSARY INCOME TO MEET THE BASIC NEEDS OF FOOD, CLOTHING AND SHELTER.

USE OF FUNDS

GRANTS ARE MADE MONTHLY THROUGH LOCAL DEPARTMENTS OF SOCIAL SERVICES IN ACCORDANCE WITH ASSISTANCE STANDARDS APPROVED BY THE DEPARTMENT OF HUMAN RESOURCES.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SEE PROGRAM ORGANIZATION

FY'84 FUNDING AND ACTIVITY

1984 ACTUALS
LOCAL SUPPLEMENT - $1,766,898
FEDERAL FUNDS - $113,590,677
STATE FUNDS - $112,449,658
TOTAL FUNDS: $227,807,233

1984 RECIPIENT COUNT - 192,647
1984 AVERAGE GRANT PER RECIPIENT - $97.78

FY'85/86 FUNDING LEVEL

1985 ESTIMATED:
TOTAL - $244,546,640
LOCAL SUPPLEMENT: $1,340,000
FEDERAL FUNDS: $122,270,784
STATE FUNDS: $122,270,784

1986 ESTIMATED:
TOTAL - $263,801,174
LOCAL SUPPLEMENT: $1,767,000
FEDERAL FUNDS: $131,017,087
STATE FUNDS: $131,017,087

158

33.09.00.01 - 51.152
EMERGENCY ASSISTANCE TO FAMILIES WITH CHILDREN

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE INCOME MAINTENANCE ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE FINANCIAL RESOUCES TO FAMILIES WITH CHILDREN TO MEET EMERGENCY NEED ONCE IN A 12-MONTH PERIOD DUE TO A CASTASTROPHE OR OTHER DEFINED CRISIS WHEN THE FAMILY IS WITHOUT SUFFICIENT INCOME OR OTHER RESOURCES BY STATE STANDARDS TO MEET THIS CRISIS.

USE OF FUNDS

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

1984 TOTAL EXPENDITURES - $4,547,351 (FEDERAL - $2,273,676)
(STATE - $2,273,675)
AVERAGE GRANT - $199.65 (PER HOURSEHOLD)
NUMBER OF GRANTS - 22,777

FY'85/86 FUNDING LEVEL

ESTIMATED 1985	1986 - ESTIMATED
TOTAL - $5,055,514	TOTAL - $4,683,756
FEDERAL - $2,527,757	FEDERAL - $2,341,878
STATE - $2,527,757	STATE - $2,341,878

33.09.00.01 - 51.153
FOOD STAMP PROGRAM

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE INCOME MAINTENANCE ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO RAISE THE NUTRITIONAL LEVEL OF LOW-INCOME HOUSEHOLDS BY INCREASING THEIR FOOD PURCHASING POWER.

USE OF FUNDS

FOOD COUPONS ARE RESTRICTED TO THE PURCHASE OF FOOD ITEMS.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY.

FY'84 FUNDING AND ACTIVITY

AVERAGE NUMBER OF HOUSEHOLDS PARTICIPATING - 125,000
AVERAGE NUMBER OF INDIVIDUALS PARTICIPATING - 303,000
COUPONS ISSUED $169,000,000

159

33.09.00.01 - 51.154
EMERGENCY ASSISTANCE - STATE FUNDED

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION
OF THE INCOME MAINTENANCE ADMINISTRATION OF THE
DEPARTMENT OF HUMAN RESOURCES
300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PROVIDE FINANCIAL RESOURCES TO INDIVIDUALS AND FAMILIES NOT ELIGIBLE FOR FEDERALLY FUNDED EMERGENCY ASSISTANCE TO FAMILIES WITH CHILDREN (EAFC), TO MEET EMERGENCY NEED WHEN THE FAMILY IS WITHOUT SUFFICIENT INCOME OR RESOURCES BY STATE STANDARDS.

USE OF FUNDS

GRANTS ARE MADE THROUGH LOCAL DEPARTMENT OF SOCIAL SERVICES IN ACCORDANCE WITH REGULATIONS OF THE INCOME MAINTENANCE ADMINISTRATION. SUCH REGULATION SETS MAXIMUM AMOUNTS TO MEET EMERGENCY NEED AND DEFINES AVAILABILITY TO THE OTHERWISE ELIGIBLE INDIVIDUAL OR FAMILY FOR NO MORE THAN TWO 30-DAY PERIODS (ONE SUCH 30-DAY PERIOD IF PRIOR RECIPIENT OF EAFC) DURING ANY ONE CONSECUTIVE 12-MONTH PERIOD.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

1984 ACTUALS
STATE FUNDS - $2,176,305
LOCAL SUPPLEMENT - $ 230,057
TOTAL FUNDS - $2,406,362

AVERAGE GRANT - $140.76 (PER HOUSEHOLD)
NUMBER OF GRANTS (FY'84) - 15,461

FY'85/86 FUNDING LEVEL

1985 ESTIAMTED
STATE FUNDS - $2,314,714
LOCAL SUPPLEMENT - $ 184,000
TOTAL FUNDS - $2,498,714

1986 ESTIMATED
STATE FUNDS - $2,371,567
LOCAL SUPPLEMENT - $ 230,000
TOTAL FUNDS - $2,601,567

201

33.09.00.01 - 51.158
GENERAL PUBLIC ASSISTANCE TO PREGNANT WOMEN (GPA/PW)

ADMINISTERING AGENCY

LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION
OF THE INCOME MAINTENANCE ADMINISTRATION OF THE
DEPARTMENT OF HUMAN RESOURCES
300 W. PRESTON STREET
BALTIMORE, MD., 21201

PURPOSE

TO PROVIDE ASSISTANCE TO THE NEEDY PREGNANT WOMAN FROM THE SECOND THROUGH THE FIFTH MONTH OF PREGNANCY.

USE OF FUNDS

PAYMENT IS MADE FOR THE NEEDS OF THE PREGNANT WOMEN ONLY.

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

SEE LOCAL DEPARTMENT DIRECTORY

FY'84 FUNDING AND ACTIVITY

NO SEPARATE FUNDS AUTHORIZED FUNDED AS PART OF GPA.
250 AVERAGE MONTHLY CASELOAD

FY'85/86 FUNDING LEVEL

SEE FY'84 FUNDING AND ACTIVITY

202

33.09.00.01 - 51.159
AFDC WIN PROGRAM

ADMINISTERING AGENCY

DEPARTMENT OF HUMAN SERVICES
EMPLOYMENT SECURITY ADMINISRATION
1100 NORTH EUTAW STREET
BALTIMORE, MD 21201

PURPOSE

TO EXPEDITE THE EMPLOYMENT OF EMPLOYABLE APPLICANTS AND RECIPIENTS OF AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC).

USE OF FUNDS

PROVIDES TRAINING, COUNSELING, SUPPORTIVE SERVICES AND JOB PLACEMENT. WHILE IN TRAINING, THE REGISTRANT RECEIVES AN INCENTIVE PAYMENT AND ALLOWANCES FOR SPECIFIED EXPENSES INCIDENT TO PARTICIAPTION IN THE TRAINING, IN ADDITION TO THE CONTINUATION OF THE REGULAR ASSISTANCE GRANT.

TYPE OF ASSISTANCE: DIRECT SUBSIDY
SERVICES

INFORMATION CONTACT

WIN STATE DIRECTOR
383-2166

160

33.09.00.01 - 51.160
WORK INCENTIVE PROGRAM (WIN)

ADMINISTERING AGENCY

EMPLOYMENT SECURITY ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES. REFERRALS TO THE PROGRAM ARE MADE BY LOCAL DEPARTMENTS OF SOCIAL SERVICES UNDER THE SUPERVISION OF THE INCOME MAINTENANCE ADMINISTRATION OF THE DEPARTMENT OF HUMAN RESOURCES
1100 NORTH EUTAW STREET AND 300 WEST PRESTON STREET
BALTIMORE, MD 21201

PURPOSE

TO PLACE ELIGIBLE RECIPIENTS OF AID TO FAMILIES WITH DEPENDENT CHILDREN FOR PLACEMENT IN EMPLOYMENT WHICH OFFERS A CAREER WITH A FUTURE.

USE OF FUNDS

PROVIDES LIMITED TRAINING, COUNSELING, SUPPORTIVE SERVICES AND JOB PLACEMENT. WHILE IN TRAINING THE ENROLLEE RECEIVES AN INCENTIVE PAYMENT AND ALLOWANCES FOR SPECIFIED EXPENSES INCIDENT TO PARTICIPATION IN THE TRAINING, IN ADDITION TO THE CONTINUATION OF THE REGULAR ASSISTANCE GRANT.

TYPE OF ASSISTANCE: DIRECT SUBSIDY
SERVICES

INFORMATION CONTACT

SOCIAL SERVICES ADMINISTRATION
300 WEST PRESTON STREET
BALTIMORE, MD 21201
EXECUTIVE DIRECTOR'S OFFICE - 576-5200
INCOME MAINTENANCE ADMINISTRATION
300 WEST PRESTON STREET
BALTIMORE, MD 21201
EXECUTIVE DIRECTOR'S OFFICE - 576-5400
OFFICE OF PUBLIC ASSISTANCE
DIRECTOR'S OFFICE - 576-5437
SOCIAL SECURITY ADM. - 576-5200
INCOME MAINTENANCE ADM. - 576-5400
OFF. OF PUBLIC ASSISTANCE - 576-5437

30.01.02.02 - 56.030
PROGRAM OPEN SPACE

ADMINISTERING AGENCY

DEPARTMENT OF NATURAL RESOURCES, CAPITAL PROGRAMS ADM.

PURPOSE

ACQUISITION AND DEVELOPMENT OF PUBLIC RECREATION AND/OR OPEN SPACE LANDS.

USE OF FUNDS

STATE GRANTS-IN-AID TO STATE POLITICAL SUBDIVISIONS

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

DIRECTOR, PROGRAM OPEN SPACE
DEPARTMENT OF NATURAL RESOURCES
TAWES STATE OFFICE BLDG, B-3
ANNAPOLIS, MD., 21401; 301-269-2231

FY'84 FUNDING AND ACTIVITY

$12,000,000

FY'85/86 FUNDING LEVEL

$24,000,000 F.Y. 1985; $24,000,000 F.Y. 1986

COUNTY	PROPOSED APPORTIONMENT
ALLEGANY	$ 134,106
ANNE ARUNDEL	$ 1,441,822
BALTIMORE	$ 1,633,067
CALVERT	$ 143,222
CAROLINE	$ 62,754
CARROLL	$ 323,531
CECIL	$ 166,240
CHARLES	$ 294,191
DORCHESTER	$ 54,224
FREDERICK	$ 337,358
GARRETT	$ 66,606
HARFORD	$ 477,980
HOWARD	$ 849,687
KENT	$ 40,816
MONTGOMERY	$ 2,190,795
PRINCE GEORGE'S	$ 1,849,819
QUEEN ANNE'S	$ 87,137
ST. MARY'S	$ 162,696
SOMERSET	$ 38,672
TALBOT	$ 91,918
WASHINGTON	$ 253,593
WICOMICO	$ 169,867
WORCESTER	$ 169,242
BALTIMORE CITY	$ 960,747
TOTAL	$12,000,000
BALTIMORE CITY DIRECT GRANT	$ 1,150,000

30.01.02.06 - 56.040
RECREATION SERVICES

ADMINISTERING AGENCY

DEPARTMENT OF NATURAL RESOURCES
CAPITAL PROGRAMS ADMINISTRATION

PURPOSE

TO STUDY AND APPRAISE RECREATION AND LEISURE NEEDS STATEWIDE. TO DISSEMINATE INFORMATION, AND COOPERATE IN THE PROMOTION AND ORGANIZATION OF LOCAL RECREATION AND PARK SYSTEMS. TO ASSIST LOCAL, STATE, AND PRIVATE AGENCIES TO SERVE THE RECREATION NEEDS OF HANDICAPPED INDIVIDUALS. TO COOPERATE WITH STATE AND FEDERAL AGENCIES AND PRIVATE GROUPS IN THE FIELD OF RECREATION. TO AID IN ESTABLISHING AND PROMOTING STANDARDS. RECRUITING, TRAINING AND REFERRING RECREATORS; PROMOTING LEISURE INSTITUTE AND CONFERENCES.

USE OF FUNDS

TYPE OF ASSISTANCE: TECHNICAL ASSISTANCE

INFORMATION CONTACT

HARRY W. HUNTER, CHIEF
OFFICE OF RECREATION SERVICES
SHIRLEY MASSENBURG
THERAPEUTIC RECREATION SPECIALIST
OFFICE OF RECREATION SERVICES
301-269-2458
301-269-2459
301-269-2360

FY'84 FUNDING AND ACTIVITY

$78,339.00
OPERATING BUDGET ONLY

FY'85/86 FUNDING LEVEL

$82,352.00 - '85
$89,539.00 - '86
OPERATING BUDGET ONLY

30.01.07.01 - 56.045
BOATING SAFETY EDUCATION

ADMINISTERING AGENCY

DEPT. OF NATURAL RESOURCES, NATURAL RESOURCES POLICE

PURPOSE

TO REDUCE AND PREVENT BOATING ACCIDENTS AND DROWNINGS AND INSTILL AN APPRECIATION OF THE STATE'S FRESH AND SALT WATER RECREATIONAL RESOURCES.

USE OF FUNDS

TYPE OF ASSISTANCE: SERVICES

INFORMATION CONTACT

SGT. L. RITTER
TAWES STATE OFFICE BLDG.
ANNAPOLIS, MD., 21401
301-269-2249

FY'84 FUNDING AND ACTIVITY

STUDENTS TRAINED - 2,884
BUDGET - $86,706

FY'85/86 FUNDING LEVEL

REQUEST - $98,043 - F.Y. '85
100,00 - F.Y. '86

30.01.12.08 - 56.127
YOUTH CONSERVATION CORPS

ADMINISTERING AGENCY

DEPARTMENT OF NATURAL RESOURCES
TIDEWATER ADMINISTRATION
FISHERIES DIVISION

PURPOSE

TO PROVIDE MEANINGFUL PRODUCTIVE EMPLOYMENT FOR YOUTH IN PROJECTS THAT WILL AID IN THE RESTORATION OF THE CHESAPEAKE BAY AND ITS TRIBUTARIES AND TO TEACH THE WORK ETHIC TO THESE YOUTH.

USE OF FUNDS

TYPE OF ASSISTANCE: DIRECT SUBSIDY

INFORMATION CONTACT

JOHNATHAN UNDERWOOD, PROJECT MANAGER
MARYLAND YOUTH CONSERVATION CORPS
DEPARTMENT OF NATURAL RESOURCES
TIDEWATER ADMINISTRATION
FISHERIES DIVISION
69 PRINCE GEORGE STREET
ANNAPOLIS, MD., 21401
301-269-3768

FY'85/86 FUNDING LEVEL

FY '85 - $597,474
FY '86 - $568,947

MARYLAND CENTER FOR MISSING CHILDREN

ADMINISTERING AGENCY

DEPARTMENT OF PUBLIC SAFETY, MARYLAND STATE POLICE

PURPOSE

TO COLLECT DATA ON MISSING CHILDREN FROM LOCAL POLICE DEPARTMENTS THROUGHOUT THE STATE. TO COORDINATE MISSING CHILDREN INVESTIGATIONS IN MULTIJURISDICTION CASES.

INFORMATION CONTACT

SGT. CHARLES H. SKUHR
MARYLAND STATE POLICE
1201 REISTERSTOWN ROAD
PIKESVILLE, MARYLAND 21208
(301) 653-4412

FY '85/86 FUNDING LEVEL

APPROXIMATELY $53,000

REGIONAL AGENCIES
00.00.00.00 - 71.200
TECHNICAL ASSISTANCE TO EDUCATION IN APPALACHIAN MARYLAND

ADMINISTERING AGENCY

REGIONAL EDUCATION SERVICE AGENCY OF APPALACHIAN MARYLAND

PURPOSE

RESA IS A SYSTEM FOR DELIVERY OF REGIONAL PLANNING, AND SERVICES TO PUBLIC EDUCATION INSTITUTIONS SERVING GARRETT, ALLEGANY AND WASHINGTON COUTNIES. THE OVERALL PURPOSE IS TO RAISE THE EDUCATIONAL LEVEL OF ALL PEOPLE IN THE REGION.

USE OF FUNDS

RESA IS FUNDED THROUGH CONTRIBUTIONS FROM MEMBER INSTITUTIONS AND FROM PROCEEDS FOR THE ADMINISTRATION OF CONTRACTS. THE FUNDS ARE USED TO SUPPORT CENTRAL OFFICE OPERATIONS AND TO FACILITATE THE JOINT PROVISION OF ACTIVITIES FOR THE MEMBER INSTITUTIONS. OCCASIONALLY, FUNDS ARE PROVIDED TO MEMBER INSTITUTIONS IN SMALL AMOUNTS ON A "GAP FILLING" BASIS.

TYPE OF ASSISTANCE: TECHNICAL ASSISTANCE

INFORMATION CONTACT

LINDA M. THOMAS, EXECUTIVE DIRECTOR

OTHER AGENCIES
23.05.03.01 - 73.150
STATE AID FOR PUBLIC SCHOOL CONSTRUCTION

ADMINISTERING AGENCY

BOARD OF PUBLIC WORKS
INTERAGENCY COMMITTEE FOR PUBLIC SCHOOL CONSTRUCTION

PURPOSE

TO PAY THE COST IN EXCESS OF AVAILABLE FEDERAL FUNDS OF ALL PUBLIC SCHOOL CONSTRUCTION PROJECTS AND PUBLIC SCHOOL CAPITAL IMPROVEMENTS IN THE COUNTIES AND BALTIMORE CITY.

USE OF FUNDS

MAKES FUNDS AVAILABLE FOR ELIGIBLE COSTS OF CONSTRUCTION OF NEW SCHOOLS, ADDITIONS OR RENOVATIONS TO EXISTING SCHOOLS, AND RELATED EQUIPMENT.

TYPE OF ASSISTANCE: GRANT

INFORMATION CONTACT

EXECUTIVE DIRECTOR
PUBLIC SCHOOL CONSTRUCTION PROGRAM
200 WEST BALTIMORE STREET
BALTIMORE, MD 21201
659-2505

FY'84 FUNDING AND ACTIVITY

FUNDS AVAILABLE FOR FY 84 $27,087,000;
36 CONSTRUCTION AND EQUIPMENT PROJECTS FUNDED.

FY'85/86 FUNDING LEVEL

FY 85: $38,776,000 FUNDS AUTHORIZED, 26 CONSTRUCTION AND EQUIPMENT PROJECTS FUNDED.
FY 86: $34,600,000 FUNDS AUTHORIZED, 27 CONSTRUCTION AND EQUIPMENT PROJECTS FUNDED.

The Office for Children and Youth
Suite 1502
301 West Preston Street
Baltimore, Maryland 21201

Harry Hughes, Governor